

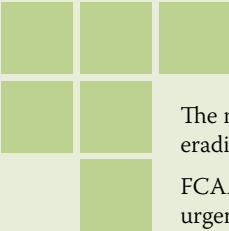
A decorative graphic consisting of several squares of different colors (red, blue, orange, grey, green) and squares containing a dotted world map. The squares are arranged in a grid-like pattern around the central text.

GLOBAL PHILANTHROPIC Support to Address HIV/AIDS in 2012



Funders Concerned About AIDS

Mobilizing Philanthropic Leadership, Ideas, and Resources
in the Fight Against AIDS



The mission of Funders Concerned About AIDS (FCAA) is to mobilize the leadership, ideas, and resources of funders to eradicate the HIV/AIDS pandemic—domestically and internationally—and to address its social and economic dimensions.

FCAA envisions a world without AIDS, facilitated by a philanthropic sector that works collaboratively, transparently, and urgently to ensure focused and robust funding for:

- Evidence-based interventions in the treatment and prevention of HIV infection;
- Advocacy, research, and exploration of new methods to hasten the end of AIDS; and,
- Investments that address the social inequities, health disparities, and human rights abuses that fueled the spread the epidemic.

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FCAA is grateful for the efforts of the following people in ensuring the quality and comprehensiveness of this report:

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- Project Design Company, *design*

FCAA thanks all the philanthropic entities that responded to this year's resource tracking surveys, which provided the bulk of information for this publication. Thanks are also due the Foundation Center and Foundation Search for use of their data to supplement the U.S. section of the report.

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ACRONYMS AND ABBREVIATIONS

AAGM	African American gay men	LGBT	lesbian, gay, bisexual, and transgender
ACA	Affordable Care Act	MAF	M•A•C AIDS Fund
ART	antiretroviral therapy	MCH	maternal and child health
ASO	AIDS service organization	MMC	medical male circumcision
ARV	antiretroviral	MSM	men who have sex with men
CDC	Centers for Disease Control and Prevention	M2M	mothers2mothers
CHW	community health worker	NGO	non-governmental organization
CIFF	Children's Investment Fund Foundation UK	NHAS	U.S. National HIV/AIDS Strategy
EFG	European HIV/AIDS Funders Group	OVC	orphans and vulnerable children
EGPAF	Elizabeth Glaser Pediatric AIDS Fund	PHE	peer health educator
EMR	electronic medical records	PLWHA	people living with HIV/AIDS
EMTCT	elimination of mother-to-child transmission	R&D	research and development
EU	European Union	RFP	request for proposals
FCAA	Funders Concerned About AIDS	SRHR	sexual and reproductive health and rights
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	STI	sexually transmitted infection
GOS	general operating support	TA	technical assistance
HNWI	high net worth individuals	TB	tuberculosis
IF	Investment Framework	UNAIDS	Joint United Nations Program on HIV/AIDS
		VCT	voluntary testing and counseling
		WCE	Western and Central Europe

Note: All figures marked \$ are U.S. dollar amounts.



Please visit the FCAA website at www.fcaaid.org/resourcetracking for the resource tracking toolkit, including: a press release; the report methodology and survey tool; and the websites, geographic focus, and past giving levels of all the top funders in 2012 identified in this report.



EXECUTIVE SUMMARY and introduction

This year marks the 11th annual resource tracking publication on philanthropic support for HIV/AIDS from Funders Concerned About AIDS, conducted with support from UNAIDS, and the first step towards including HIV/AIDS funding data from grantmakers around the world.

Total HIV/AIDS-related disbursements among private philanthropic organizations reached \$636^{1,2} million in 2012. This is essentially flat compared to 2011 (a less than 1% increase), largely due to the addition of funders new to the report based outside of the U.S. and Western and Central Europe.

YEAR	FUNDERS	NUMBER OF FUNDERS	PHILANTHROPIC GIVING TO HIV/AIDS	ADJUSTED TOTAL
2012	U.S.-based	209	\$467 million	\$636 million
	E.U.-based	38	\$147 million	
	Outside of U.S. & E.U.	40	\$38 million	
2011	U.S.-based	274	\$491 million	\$631 million
	E.U.-based	38	\$156 million	

The report relies largely on surveys completed by funders, with supplemental review of data from grants databases and funders' grant lists. Data was obtained for close to 300 organizations that are believed to represent the substantial majority of global private philanthropic HIV/AIDS funding.

In the past, only organizations based in the U.S. or E.U. were surveyed in FCAA's HIV/AIDS resource tracking project. This year's report includes funding data from 209 U.S.-based funders and 38 E.U.-based funders, as well as 40 HIV/AIDS philanthropic funders based outside of the U.S. and E.U. that are new to the report.

Without the addition of funding from the newly identified organizations based outside of the U.S. and E.U., HIV/AIDS-related philanthropy from U.S.- and E.U.-based organizations decreased by \$33 million, or 5% from 2011. Since 2007, total philanthropic funding has amounted

to roughly between \$600–\$680m annually, and is strongly influenced by changes in funding from the Bill & Melinda Gates Foundation (the largest donor). Total funding from all other U.S.-based funders and E.U.-based funders has remained basically flat for the past several years.

This resource tracking project reports on philanthropic funding given to HIV/AIDS programs in high, middle and low-income countries. Philanthropic funding to low- and middle-income countries, including funding for a worldwide benefit, amounted to \$509 million in 2012.

¹ The 2012 grand total adds up to \$636 million because re-granting between U.S., European and global funders was removed, and ViiV Healthcare's 2012 total, which appears in both the U.S. and European data because it is based in both regions, was not double-counted.

² Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders was removed from all figures in the report, because it is increasingly difficult to track accurately. In 2012, private philanthropic disbursements to the Global Fund totaled \$182 million. For more information, please see page 59.



KEY FINDINGS: U.S.-BASED FUNDERS

- Among **U.S.-based funders**, total disbursements reached \$467 million in 2012.
- For those funders for which FCAA has two years of comparable data (2011 and 2012), disbursements decreased by 3% overall (or \$15 million).
- The U.S.-based HIV/AIDS philanthropic sector remains highly concentrated; the top 10 funders (ranked in order of disbursements) accounted for 77% (or \$362 million) of all HIV/AIDS-related disbursements in 2012, with the Gates Foundation alone accounting for 47%. As a result, overall giving remains strongly influenced by the Gates Foundation, including in 2012, where the \$18 million decrease by the Gates Foundation accounted for approximately 40% of all decreased funding between 2011 and 2012.
- Overall totals for all other funders have remained largely flat since 2005, when standardized data collection began.
- While the majority of the U.S.-based funders that decreased funding indicated it was due to yearly fluctuations in grantmaking cycles and not a shift away from funding HIV/AIDS, one funder closed in 2013, and another funder did shift funding away from HIV/AIDS to other health areas.
- Of the U.S.-based grantmakers who responded to FCAA's survey question about expected funding levels in 2013, the majority expect their funding to remain the same (including the Gates Foundation), or slightly lower in 2013.



KEY FINDINGS: E.U.-BASED FUNDERS

- Among **E.U.-based funders**, the 2012 total disbursements reached \$147 million, a 6% (or \$10 million) decrease from 2011, continuing a now 3-year gradual decline since 2009.
- Among those funders that decreased funding in 2012, several indicated that the decreases were due to yearly fluctuations in grantmaking cycles or a strategy review process and not a shift away from funding HIV/AIDS, one funder closed in 2012, and several funders reported multi-year HIV/AIDS projects ending in 2012.
- HIV/AIDS philanthropy in Europe is also highly concentrated, with the top 10 funders accounting for 79% (or \$121 million) of total expenditures.
- Of the E.U.-based grantmakers who responded to FCAA's survey question about expected funding levels in 2013, the majority expect their funding to remain the same, or slightly lower in 2013.



KEY FINDINGS: FUNDERS BASED OUTSIDE THE U.S. & E.U.

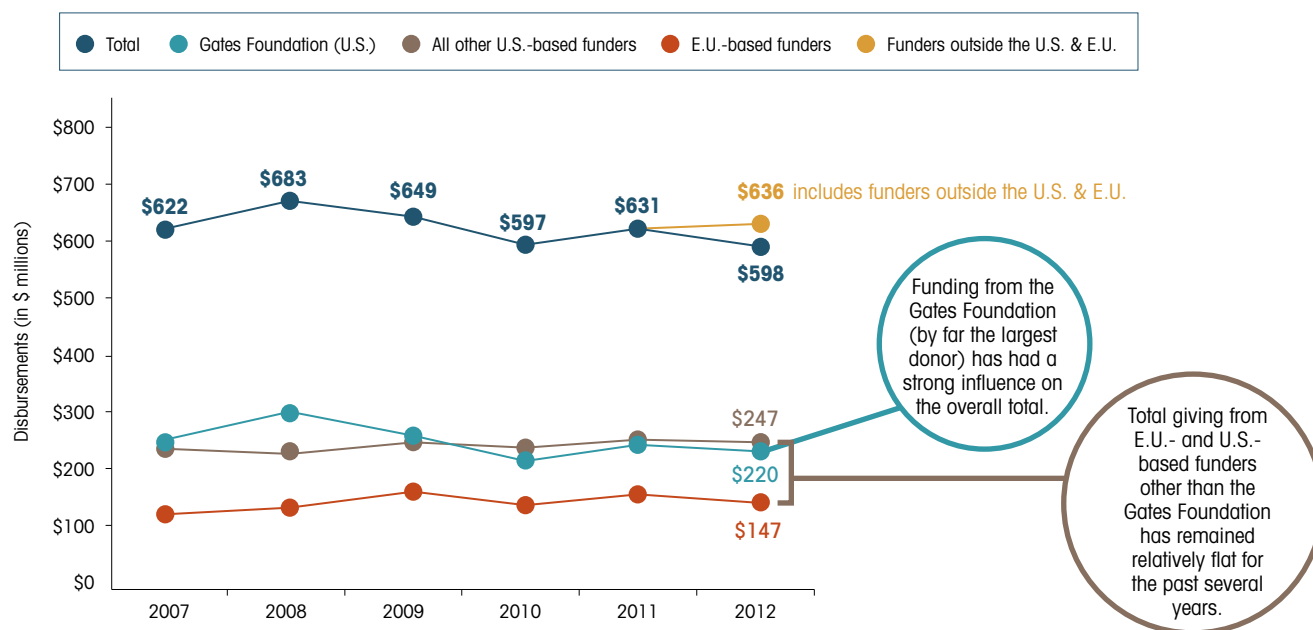
- FCAA conducted new research this year to identify HIV/AIDS philanthropic **funders based outside of the U.S. and the Western & Central European region**. Roughly 120 potential AIDS funders from 28 countries were identified and asked to complete a survey on their 2012 funding. Surveys and additional research generated data from 40 funders in 13 countries, totaling approximately \$38 million in HIV/AIDS philanthropy in 2012.

More detailed giving (including lists of funders and their 2012 totals, as well as geographic distribution, intended use, and target populations of funding) specific to U.S., E.U. and funders outside the U.S. & E.U. is available in the full report.

SNAPSHOT OF THE GLOBAL PHILANTHROPIC RESPONSE TO HIV/AIDS

The chart below shows total combined funding for U.S. & E.U. over the past six years, with 2012 giving data from funders outside of the U.S. & E.U. added this year.

CHART 1 Total HIV/AIDS Philanthropic Giving 2007-2012^{3,4}



³ Totals for E.U.-based funders for 2007-2011 were recalculated using the same exchange rates as were used throughout this report. Re-granting amounts between U.S. funders for 2007-2012 data were removed to avoid double-counting. Re-granting amounts between E.U. funders for 2007-2010 data

could not be removed. ViiV Healthcare's totals for 2010-2012, which traditionally appear in both the U.S. and European data because the company is based in both regions, were removed from the E.U. data for 2010-2012.

⁴ A full listing of previous years' HIV/AIDS grantmaking totals for each funder from 2007-2011 is available at www.fcaids.org/resource/tracking

Most funding is directed toward projects of global benefit (such as research); followed by international funding from philanthropies based in the U.S., E.U., and Canada for countries and regions outside of those areas (mostly

in East & Southern Africa); and lastly funding for domestic HIV/AIDS work (to benefit the funder's own country or region).⁵

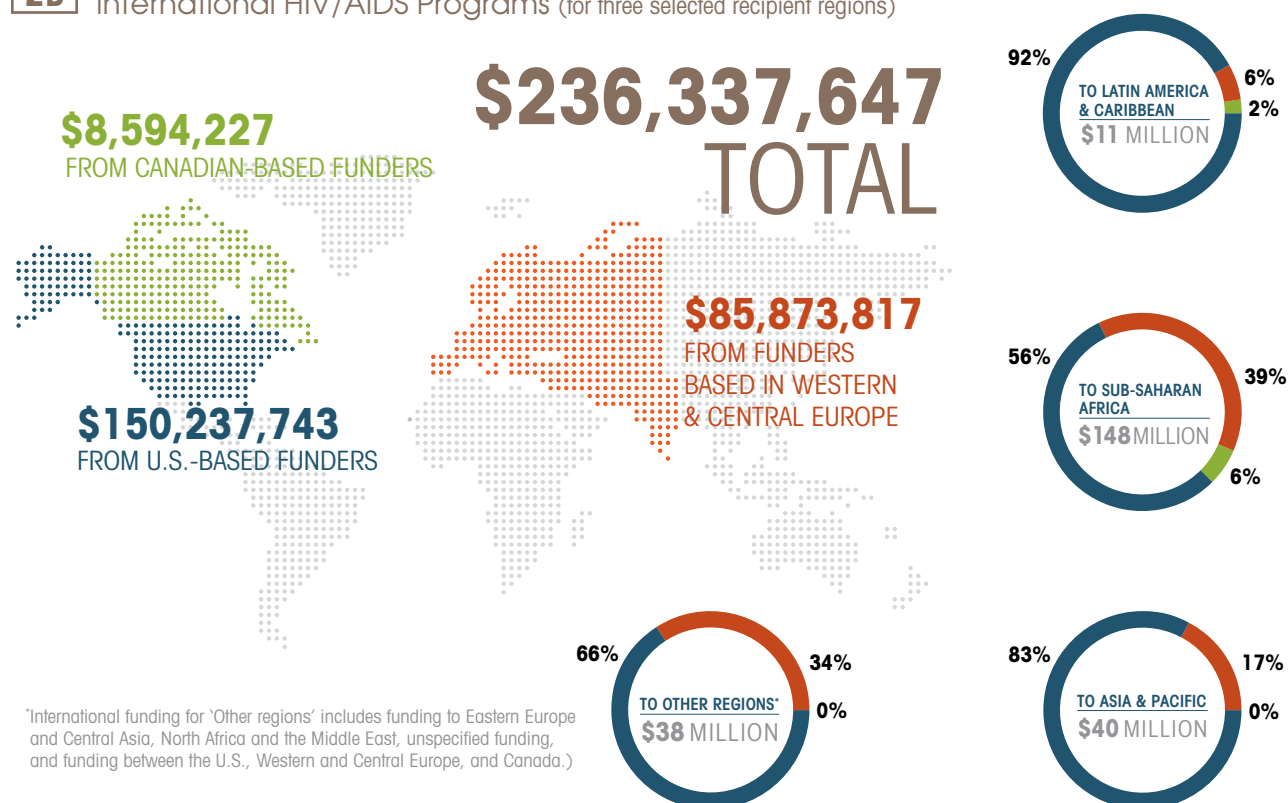
CHART
2A

2012 Philanthropic Funding for HIV/AIDS Programs of Global Benefit (mostly research)



CHART
2B

2012 Philanthropy from Funders Based in U.S., E.U. and Canada for International HIV/AIDS Programs (for three selected recipient regions)



⁵ The dollar amounts in the geographic distribution charts add up to \$648m, not the actual \$636m total HIV/AIDS philanthropic giving in 2012, because re-granted funds (given between funders tracked and re-granted in 2012) could not be removed and are thus double-counted. ViiV Healthcare's 2012 total was removed from the E.U. totals but is counted in the U.S. totals.

CHART
2C

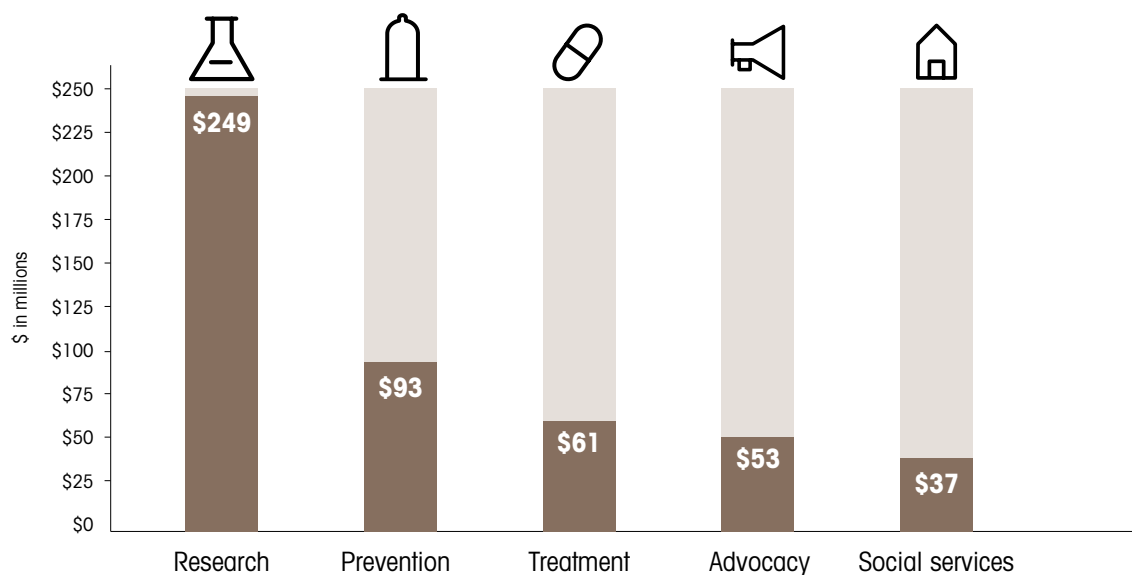
2012 Philanthropic Funding for Domestic HIV/AIDS Programs
(to benefit a funder's own country or region)



The top five intended use categories for all funding in 2012 were research, prevention and treatment, advocacy, and social services.

CHART
3

Top Five Intended Use Categories for 2012 HIV/AIDS Philanthropic Giving (U.S. & E.U.)⁶



⁶ Dollar amount values for intended use of 2012 HIV/AIDS funding from philanthropies based outside the U.S. and E.U. was not available to include in this chart, but given the small percentage of total funding from this group (6%), and the fact that prevention and treatment were two of the top intended use categories chosen among these funders, funding data would not have been likely to greatly change the overall proportions.

The target populations for all funding are shown below in estimated proportion to their relative support.

CHART
4

Target Populations of 2012 HIV/AIDS Philanthropic Giving

WOMEN

ORPHANS AND VULNERABLE CHILDREN

HEALTH CARE WORKERS
PEOPLE WHO INJECT DRUGS

PEOPLE LIVING WITH HIV/AIDS **SEX WORKERS**

YOUTH **MEDICAL RESEARCH**

MEN WHO HAVE SEX WITH MEN **RURAL POPULATIONS**

This 11th edition of FCAA's annual resource tracking report marks a significant change. This past May, FCAA and the European HIV/AIDS Funders Group (EFG) announced we would be merging operations to streamline efforts and increase networking among U.S. and E.U. funders.

As a result the expanding FCAA has started to increase its coverage and programming to include both U.S. and E.U. members. Our mission, importantly, will remain the same: *to mobilize the leadership, ideas, and resources of funders to eradicate the HIV/AIDS pandemic—domestically and internationally—and to address its social and economic dimensions.* The important work of European HIV/AIDS funders will continue to be included in this report. We will also expand our resource tracking outreach efforts to identify funders beyond the U.S. and E.U. and will invite those funders identified to join our expanding global network of funders committed to a collaborative approach to ending AIDS.

The headline of this year's report is a mixed one. Overall philanthropy's annual giving to the HIV/AIDS response remained flat (less than 1% increase) from 2011 to 2012, due primarily to the inclusion of 40 grant making organizations new to the report based outside the U.S. and Western and Central Europe. We typically celebrate headlines without decreases; however, this one masks a troubling decline: Omitting the total from funders based outside of the U.S. and E.U., giving decreased \$33 million from 2011 to 2012 among U.S.- and E.U.-based organizations. This also signals, yet again, that our sector continues to remain highly concentrated and susceptible to decreases among only a handful of U.S. and E.U. funders. For example, 37 U.S.-based funders increased giving between 2011 and 2012; yet, the decreases of a few other top funders negated that growth.

We know that private philanthropy has played a catalytic role in the response to HIV/AIDS, increasing from a mere \$216,000 in 1983 to \$635,589,417 in 2012, and helping to scale up public and private investment in HIV research, prevention, care, treatment and human rights protections.

At a time when international assistance from donor countries for HIV/AIDS is flat, and with prevention and treatment technologies rapidly evolving, slow and steady will not bring the needed resources to bear to meet the current challenges of the AIDS response, and importantly, endangers those critical issues (advocacy) and key populations (men who have sex with men, people who inject drugs, and sex workers) philanthropy has sought to protect.

After more than 25 years mobilizing the philanthropic response to HIV/AIDS, FCAA has made seeking out new partners—from across different borders and issue areas—to join the philanthropic response to HIV/AIDS a cornerstone of our new strategic plan. With decreased philanthropic funding for HIV/AIDS, this work of community building is more important than ever. How do we connect on issues beyond HIV/AIDS to improve our impact? How do we reengage key actors that no longer see HIV/AIDS as their issue? How do we mobilize this sector to ensure we reach an AIDS-Free generation and see an end to AIDS?

This report aims to offer the following tools to help us get there:

1. *Data.* Find out who is funding, what they're funding, and where. Use this to identify allies, or better inform your grantmaking or grantseeking.
2. *A New Global Community.* In 2012, for the second consecutive year, the majority of global HIV/AIDS resources were from domestic sources—countries funding their own response.⁷ These emerging economies are ripe with potential to mobilize a private philanthropic response to HIV/AIDS. With support from UNAIDS, FCAA has undertaken a new effort to expand our community to include private philanthropic organizations outside of the U.S. and Western and

⁷UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2013. September 2013.*
Available at: www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

Central Europe. This year's report includes a beginning analysis of 40 funders from 13 countries that disbursed roughly \$38 million to HIV/AIDS efforts around the world. We hope that you spend time with this new section of the report—those listed on its pages may be potential collaborators, partners, and resources for your own efforts.

3. *Know your Epidemic.* The “Big Picture” feature uses the latest epidemiological data to highlight the needs of specific populations, regions, issues and tactics. Review and see where it compares to your funding priorities or needs.
4. *Find Best Practices.* This report features examples of innovative and impactful funding from over 30 organizations.
5. *Understand the Trends.* Special features throughout the report focus on forward-thinking funders that have adapted or aligned their funding to key current data and policy initiatives. Find out how:
 - Funding for the domestic AIDS sector is evolving in response to the **National HIV/AIDS Strategy and health reform**;
 - U.S. domestic and international funders are addressing the **treatment cascade**;
 - A group of leading funders have come together to mobilize funding to support the **Global Plan Towards the Elimination of New HIV Infections Among Children By 2015 and Keeping their Mothers Alive**; and,

- A number of funders that are collaborating and innovating on **issues related to, and integrated with, HIV/AIDS**.

6. *A List of Potential Partners.* Appendix A (page 106) lists 165 organizations around the world that FCAA identified as known or likely HIV/AIDS funders, but were unable to connect with or include. We encourage you to review the list, reach out to those who you know, connect them with FCAA, and encourage them to participate.

We hope this report gives you the opportunity to reflect on the story and impact behind the numbers, and drives the critical conversations on where and how our sector can best innovate, strengthen, and advance the response.

Thank you to the organizations that participated in this and previous year's reports. We welcome, and look forward to, input from readers about how to improve future editions of *Global Philanthropic Support to Address HIV/AIDS*.

John Barnes, *Executive Director, Funders Concerned About AIDS (FCAA)*

Andrea Flynn, *Vice President, M•A•C AIDS Fund, and Chair, FCAA Board of Directors*

THE BIG PICTURE

In the U.S.:

U.S. South (*see page 13*)
 Access & Retention in Care (*see page 34*)
 African Americans (*see page 38*)
 Men Who Have Sex with Men (*see page 39*)

Worldwide:

Overall Resources (*see page 12*)
 Needs by Geographic Region (*see page 44*)
 Resource Needs by Program Area (*see page 48*)
 Key Populations at Higher Risk (*see page 51*)
 Advocacy (*see page 84*)
 Specific Needs of Women (*see page 87*)

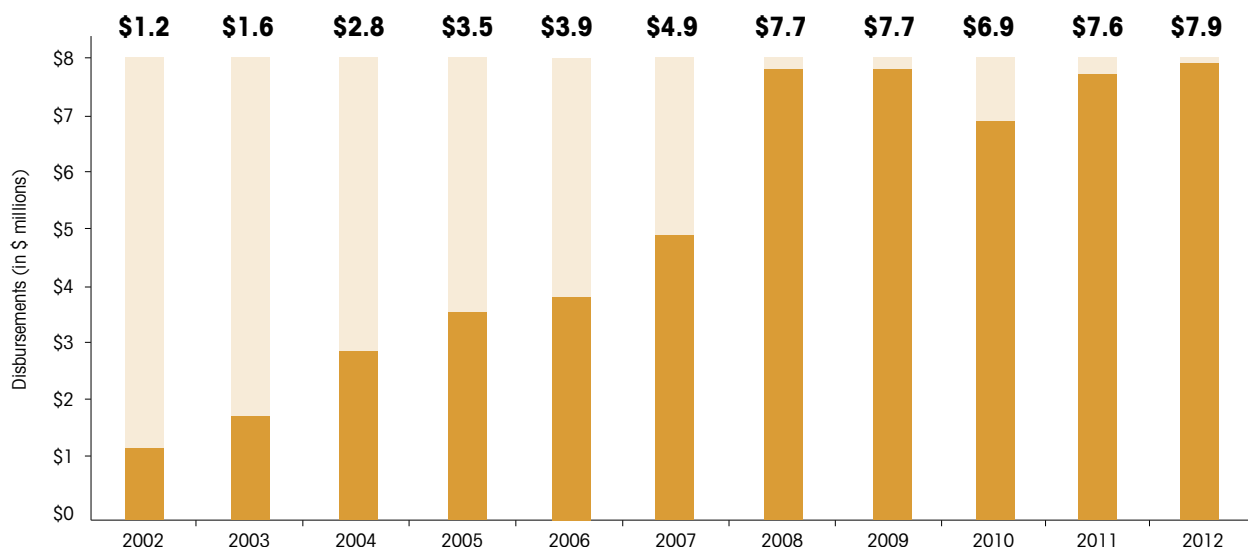
THE BIG PICTURE: **OVERALL RESOURCES**

This section intends to provide some outside context about funding for HIV/AIDS and philanthropy in general, and to highlight the overall HIV/AIDS funding resource gap.

HIV/AIDS International Assistance from Donor Governments to Low- and Middle-Income Countries Flat

A recent report from the Kaiser Family Foundation and UNAIDS reveals that funding for the HIV/AIDS response in low- and middle-income countries from donor governments totaled \$7.86 billion in 2012, and was essentially unchanged from 2011 to 2012 after adjusting for inflation.⁸ The report also notes that donor government funding has remained at about the same level since 2008.

International HIV Assistance From Donor Governments: Disbursements, 2002-2012



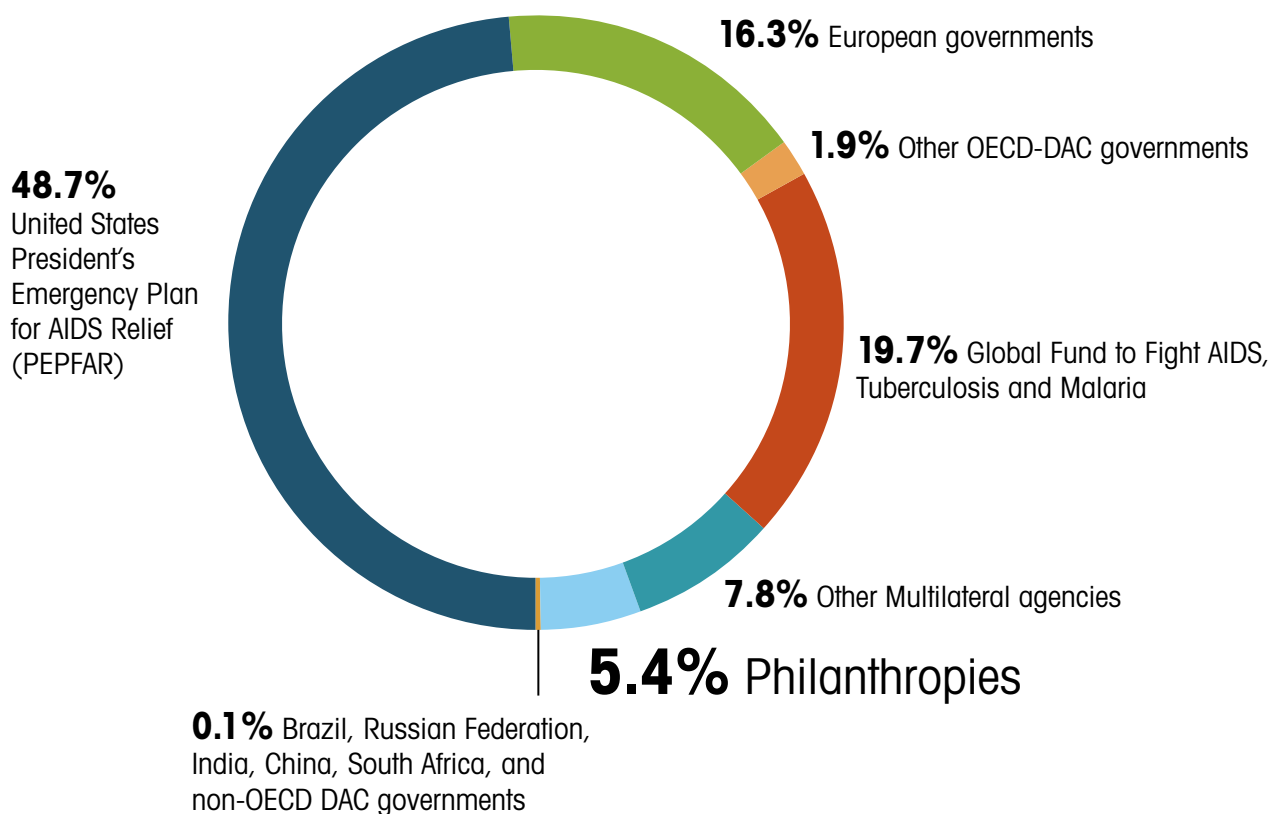
Source: The Henry J. Kaiser Family Foundation and UNAIDS. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2012*. September 2013.

⁸ The Henry J. Kaiser Family Foundation and UNAIDS. *Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2012*. September 2013. Available at: <http://kff.org/global-health-policy/report/financing-the-response-to-aids-in-low/>

Where Philanthropy Stands

According to UNAIDS estimates, philanthropic aid provided to low- and middle-income countries represents approximately 5% of all international funding for the HIV/AIDS response in low- and middle-income countries.⁹ While a small part of overall international assistance, philanthropy is unique in that the overwhelming majority of all other international assistance is from government sources, and thereby subject to government influence. In its independence, philanthropy may be able to better pursue innovative approaches and can address issues and populations where governments may be reluctant.

International Assistance Funding for HIV, 2012



A recent Foundation Center report¹⁰ found that overall U.S. foundation giving (for all issue areas), which was estimated to reach nearly **\$51 billion** in 2012, is growing slightly faster than inflation, and is forecasted to achieve moderate growth in 2013. The report further notes that although global economic forecasts continue to be unstable, U.S. foundations overall are managing to keep grant making steady.

⁹ UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2013*. September 2013.

¹⁰ The Foundation Center. *Key Facts on U.S. Foundations: 2013 edition*. October 2013. Available at: <http://e.foundationcenter.org/a/hBSSswFB8ixY9B81aYwAABLOlho/pr3>

Resources Available and the Remaining Gap

UNAIDS estimates that a total of \$18.9 billion was available in 2012 for the HIV/AIDS response in low- and middle-income countries.¹¹ This represents a 10% increase from 2011, largely due to the second consecutive year of growth in domestic investments (countries increasing their funding of their national HIV/AIDS response), with greatest commitments among upper middle-income countries.

With total resources available estimated at \$18.9 billion, this is \$3-5 billion less than the 2015 target of \$22-24 billion to close the resource gap and meet targets around Millennium Development Goal 6 to halt and reverse the AIDS epidemic.

Current Resource Gap



“The reality... is we need more. Not even that much more. We only need on the order of \$5-7 billion in new funds each year for the next decade or so to make the end of AIDS an eventual reality. But we need those extra funds NOW. This is a disease that can be eradicated with adequate funding...”

– Elton John¹²

¹¹ UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2013*. September 2013.

¹² <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/09/17/qa/>



U.S. PHILANTHROPIC support

Among U.S.-based funders, total disbursements reached \$467 million in 2012. The majority of funding (\$223 million) was directed to projects that target a global population (such as research), followed by funding to specific countries and regions outside of the U.S. (\$150 million), while the remaining 21% (or \$100 million) in funding was directed toward the U.S. domestic epidemic. This section will provide additional detail about the top U.S.-based funders, disbursements over time, and giving to specific target populations, program areas (intended use) and geographic areas. That analysis is presented for funding with a domestic, national and regional (outside of the U.S.) and global nature.



KEY FINDINGS

Total funding in 2012: HIV/AIDS disbursements from 209 U.S.-based philanthropies totaled **\$467 million** in 2012, supporting some 5,390 HIV/AIDS-related projects and grants.¹³

FCAA surveyed funders about funding disbursements and commitments in 2012.

Tracking **disbursements** (funding actually made available in a given year, which may include funding from prior year commitments) provides data on funds actually paid out in a given year.

Tracking **commitments** (funding committed for grants/projects in a given year, whether or not the funds were disbursed in that year) helps to gauge current and future outlays.

For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.

Sixty-nine funders are categorized as “top” HIV/AIDS funders because they reported HIV/AIDS-related grantmaking disbursements of \$300,000 or more in 2012.

About the Top Funders list: The following table provides a tool to measure our progress in building the field of

HIV/AIDS philanthropy by offering an indication of how many funders focus on HIV/AIDS. The science isn’t perfect, however. While a funder may fall below \$300k due to annual fluctuations or restructuring, that doesn’t change their commitment to the field, and some of our fiercest advocates and champions in the sector fund below the \$300,000 level. As we continue to use this metric to measure movement, we also encourage every funder to participate in this process. In addition to funding by the 69 top funders (see list below), the total \$467 million in HIV/AIDS disbursements also includes the efforts of 140 other organizations (representing 2% of total funding) that provided support to HIV/AIDS in 2012.

TABLE 1 Top 69 U.S. Philanthropic HIV/AIDS Funders in 2012 (ranked by amount of disbursements)¹⁴

↑ increased funding in 2012 compared to 2011

FUNDER NAME	DISBURSEMENTS (\$)	COMMITMENTS (\$)
1. Bill & Melinda Gates Foundation, WA ¹⁵	220,000,000	222,000,000
↑ 2. M•A•C AIDS Fund and M•A•C Cosmetics, NY	34,408,082	38,508,082
↑ 3. Abbott and Abbott Fund, IL	19,150,990	19,150,990
↑ 4. Gilead Sciences, Inc., CA	16,707,441	10,002,286
↑ 5. ViiV Healthcare, NC ¹⁶	16,048,230	16,048,230
6. Ford Foundation, NY	14,042,550	16,414,619
7. Merck, NJ	11,499,912	–
↑ 8. Broadway Cares/Equity Fights AIDS, NY	10,843,796*	10,843,796
9. Philip T. and Susan M. Ragon Institute Foundation, MA	10,000,000	0
↑ 10. Johnson & Johnson, NJ	9,517,818	9,517,818

¹³ Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders was removed from all figures in the report, because it is increasingly difficult to track accurately. Please see page 59 for more information.

¹⁴ The state associated with each entity refers to the state in which the entity is based, not necessarily where grants and projects are funded by the entity.

¹⁵ The 2012 total for the Gates Foundation does not include HIV/AIDS funding to the Global Fund. Please see page 59 for more information.

¹⁶ ViiV Healthcare is a global specialist HIV company focused on delivering advances in treatment and care for people living with HIV. The company is headquartered in both the United States and the United Kingdom, hence the grantmaking is global in nature. As such, the 2012 total for ViiV Healthcare appears in both the U.S. and European sections of this report.

TABLE 1 Top 69 U.S. Philanthropic HIV/AIDS Funders in 2012
(continued)

FUNDER NAME	DISBURSEMENTS (\$)	COMMITMENTS (\$)
↑ 11. Open Society Foundations, NY ¹⁷	8,995,246	8,995,246
↑ 12. Conrad N. Hilton Foundation, CA	8,727,000	22,830,000
13. AIDS United, DC	7,517,256*	6,894,399
14. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	7,407,874	10,190,241
↑ 15. Foundation for the NIH, MD	6,987,491*	0
16. Elton John AIDS Foundation, NY	6,851,861	0
17. Irene Diamond Fund, NY	4,635,000	4,635,000
18. amfAR, The Foundation for AIDS Research, NY	4,169,687*	5,794,314
19. Robin Hood Foundation, NY	3,639,000	3,639,000
↑ 20. Levi Strauss & Co., CA	2,500,000	3,000,000
↑ 21. Skoll Foundation, CA	2,500,000	2,500,000
↑ 22. International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA ¹⁸	2,402,228*	2,432,809
↑ 23. H. van Ameringen Foundation, NY	2,339,000	2,339,000
24. American Jewish World Service, NY	2,244,878*	2,244,878
↑ 25. AIDS Foundation of Chicago, IL	2,089,413*	1,746,742
26. Keep a Child Alive, NY	2,083,395	2,235,000
27. The Starr Foundation, NY	2,000,000	0
↑ 28. Janssen Therapeutics, NJ	1,992,000	1,992,000
29. Tides Foundation, CA ¹⁹	1,965,276	0
↑ 30. Kaiser Permanente, CA	1,946,574	1,510,128
↑ 31. Wells Fargo, CA	1,864,105	-
↑ 32. Global Fund for Women, CA	1,851,625*	1,817,125
↑ 33. Firelight Foundation, CA	1,848,969*	2,171,100
34. The New York Community Trust, NY	1,711,000*	1,711,000
↑ 35. South Africa Development Fund, MA	1,499,755*	1,499,775
↑ 36. Pride Foundation, WA	1,364,948	0
37. Washington AIDS Partnership, DC	1,145,212*	943,541
38. Mennonite Central Committee (MCC) US, PA ²⁰	1,103,019	1,103,019
39. Glaser Progress Foundation, WA	1,049,950	1,050,000
↑ 40. Zonta International Foundation, IL	1,000,000	1,000,000
↑ 41. James B. Pendleton Charitable Trust, WA	955,066	955,066
↑ 42. The Comer Foundation, IL	842,000	842,000
↑ 43. East Bay Community Foundation, CA	811,496*	811,496
44. Doris Duke Charitable Foundation, NY	729,000	-

¹⁷ The 2012 dollar amounts provided by the Open Society Foundations are estimates and not exact figures. The estimated disbursements only reflect external, HIV/AIDS-related cash grants from 1) the Open Society Foundation Network's Public Health Program, 2) the Burma Project, and 3) national and regional foundations. These numbers do not include HIV/AIDS funding from any other programs within the Soros Foundations Network, though it is possible, that other programs within the

Open Society Foundations Network may also have provided HIV/AIDS-related funding in 2012.

¹⁸ ITPC is fiscally managed by Tides Center, and all ITPC grants are therefore legally made from Tides Foundation. For the purposes of this report, however, ITPC and the Tides Foundation have reported separately.

¹⁹ The Tides Foundation figure does not include grants made by the International Treatment

Preparedness Coalition (ITPC), a project of Tides Center that for the purposes of this report has been listed separately.

²⁰ The Mennonite Central Committee is one organization with offices based in both the U.S. and Canada. Both programs are included in this report, with the U.S. program in the U.S. section and the separate Canadian grantmaking program in the section on funders based outside of the U.S. and E.U.

TABLE 1 Top 69 U.S. Philanthropic HIV/AIDS Funders in 2012
(continued)

FUNDER NAME	DISBURSEMENTS (\$)	COMMITMENTS (\$)
45. Alphawood Foundation, IL	727,400	877,400
46. The Health Foundation of Greater Indianapolis, IN	715,368	715,368
47. The Summit Charitable Foundation, DC	663,393	558,393
48. Staying Alive Foundation, NY ²¹	650,396	671,800
49. The Community Foundation for Greater Atlanta, GA	618,831	618,831
50. The Morris and Gwendolyn Cafritz Foundation, DC	595,000	595,000
51. Weingart Foundation, CA	592,848	517,848
52. The Coca-Cola Foundation, Inc., GA	550,000	550,000
53. San Francisco AIDS Foundation, CA	515,180*	255,000
54. San Francisco Foundation, CA ²²	494,121	494,121
55. Pfizer Inc, NY ²³	490,752	490,752
56. The Campbell Foundation, FL	451,656	0
57. Boston Foundation, MA ²²	428,396	428,396
58. San Diego Human Dignity Foundation, CA	408,746*	179,609
59. Arcus Foundation, MI	407,500	407,500
60. Robert Wood Johnson Foundation, NJ	391,400	230,500
61. Design Industries Foundation Fighting AIDS (DIFFA), NY	390,900	410,900
62. The John D. & Catherine T. MacArthur Foundation, IL	385,000	715,000
63. Healthcare Foundation of New Jersey, NJ	382,163	382,163
64. Houston Endowment Inc., TX	380,000	200,000
65. AIDS Funding Collaborative, OH	376,092*	340,302
66. Hickey Family Foundation, AZ ²⁴	355,911	355,911
67. GE Foundation, CT ²⁵	350,000	350,000
68. Elizabeth Taylor AIDS Foundation, CA	306,500	306,500
69. The California Wellness Foundation, CA	300,000	300,000
2012 HIV/AIDS Grantmaking Disbursements by Top 69 Funders²⁶	\$459,093,914	
2012 HIV/AIDS Grantmaking Disbursements by funders 70-209	\$7,982,258	
2012 HIV/AIDS Grantmaking Commitments by Top 69 Funders		\$450,319,994
Total 2012 U.S. HIV/AIDS Grantmaking Disbursements	\$467,077,172	

(To view previous years' HIV/AIDS grantmaking totals for individual funders (2005-2011), please visit www.fcaids.org/resourcetracking)

²¹ The Staying Alive Foundation is based in the U.S. and the U.K. Both programs are included in this report, with the U.S. program in the U.S. section and the separate U.K. program in the European section.

²² Financial information for the San Francisco Foundation and the Boston Foundation was obtained from 990 forms, and is for fiscal year 2012 (July 2011 to June 2012) rather than calendar year 2012.

²³ This figure includes grants from Pfizer Inc, but should be regarded as an estimate that does not include all HIV/AIDS funding from Pfizer Inc and the Pfizer Foundation due to the unavailability of complete data.

²⁴ The sole grant recipient of the Hickey Family Foundation in 2012 was Partners in Health, a humanitarian organization that strives to deliver health care to those most in need around the world. The grant went towards a community-based rehabilitation program in Haiti, so though not all of this grant necessarily goes toward HIV-specific work, it is likely to have a strong HIV/AIDS component.

²⁵ The sole grant recipient of the GE Foundation in 2012 was Legacy Community Health Services, which specializes in HIV testing, education, treatment and social services. Legacy Community Health Services also provides no-cost or low-cost healthcare services

care for other chronic health conditions, so not all of this grant necessarily goes toward HIV-focused work.

²⁶ Funders with an asterisk (*) after their total reported that they received some financial resources from other agencies tracked by FCAA. At least some of these funds were then re-granted to support HIV/AIDS-related funding to other entities. To avoid double counting of funds, total disbursements for all grantmakers reflects a reduction of \$15,821,782 to correct for re-granting of funds from one FCAA-tracked top grantmaker to another. See the Methodology (online at www.fcaids.org/resourcetracking) for a more full explanation of the process used for this report

New Top Funders (gave over \$300k in 2012): This year's list of 69 funders features six organizations for which FCAA has 2011 and 2012 data that increased HIV/AIDS funding from their 2011 totals to above \$300,000 in 2012:

- AIDS Funding Collaborative
- California Wellness Foundation
- The Elizabeth Taylor AIDS Foundation
- GE Foundation
- The Hickey Family Foundation
- The Morris and Gwendolyn Cafritz Foundation

This growth was offset, however, by five top funders from 2011 that are no longer included on the top funders list because their funding dropped below \$300,000.

Funders New to the Report (New Data Available In 2012): Table 1 includes data from three funders in 2012 that were not included in the report on 2011 funding because FCAA was not able to obtain their 2011 financial data. These funders include:

- The Skoll Foundation
- Mennonite Central Committee (MCC) US
- The Coca-Cola Foundation, Inc.

These funders are not new to funding the HIV/AIDS response in 2012; they supported HIV/AIDS in 2011 but their 2011 data on HIV/AIDS funding was not shared or available at the time of publication of last year's report.

Note on missing data: The majority of private philanthropic funding for HIV/AIDS in 2012 has been captured in the available data. However, it is important to note that despite repeated efforts, FCAA was unable to obtain data from some funders, and their disbursements are therefore not included in the report, including the following two top funders in 2011:

- Chevron Corporation
- Walmart Foundation

(See Appendix A for a full list of funders likely to support HIV/AIDS that did not participate in resource tracking this year.)

Several other funders that have appeared in previous reports are not included this year for various reasons. They include the Elizabeth Glaser Pediatric AIDS Foundation, which is increasingly funded by the U.S. government, and The Henry J. Kaiser Family Foundation, an operating foundation that develops and runs its own policy research and communications programs, which are difficult to value financially. *(See page 67 for a discussion of contributions from other sources of HIV/AIDS funding such as operating foundations, NGOs, and individuals.)*



KEY FINDINGS

Decrease of 3% (or \$15 million) from 2011-2012 led by seven top funders giving less in 2012:

Among top U.S.-based funders for which FCAA has two years of comparable data (2011 and 2012), disbursements for HIV/AIDS decreased by 3% overall (or \$15 million). Seven of the top funders in 2012, including the Gates Foundation (which represented half of all total U.S.-based disbursements), experienced significant decreases (\$1m-\$18m). While several of these funders reported this was due to yearly fluctuations in grantmaking cycles and not a shift away from funding HIV/AIDS, one funder closed in 2013, and another funder shifted funding to other health areas.

Increases from some funders helped offset decreases from others:

Among top U.S.-based funders for which FCAA has two years of comparable data (2011 and 2012), 37 funders managed to increase their giving to HIV/AIDS, while 29 funders gave less to HIV/AIDS. The total amount of increases among these funders from 2011 to 2012 was approximately \$30 million, which helped to offset the approximate \$45 million in decreases.

Total giving among funders other than Gates Foundation flat since 2005:

The overall totals for all funders each year are strongly influenced by the Gates Foundation's giving, including in 2012, where the \$18 million decrease from the Gates Foundation accounted for approximately 40% of all decreases from funders between the two years. Overall funding from all funders other than the Gates Foundation has remained largely flat since 2005 when standardized data collection began, illustrating the sector's vulnerability as a whole to the volatilities of one funder.

Commitments lower in 2012 than 2011:

Commitments made in 2012 (for both the 2012 grant year and multi-year grants over future years) were lower from both the Gates Foundation and all other funders compared to 2011, dropping from \$628 million to \$449 million. Commitments of multi-year grants can help predict future outlays of funding, and the decrease in 2012 may indicate lower funding in the future.

CHART
5A

Total HIV/AIDS Philanthropic Disbursements by U.S. Funders 2005-2012

The chart below shows aggregate funding disbursements per year for all funders for which data is available each year. Funding to the Global Fund was removed from all totals below (see page 59 for more information about funding to the Global Fund).

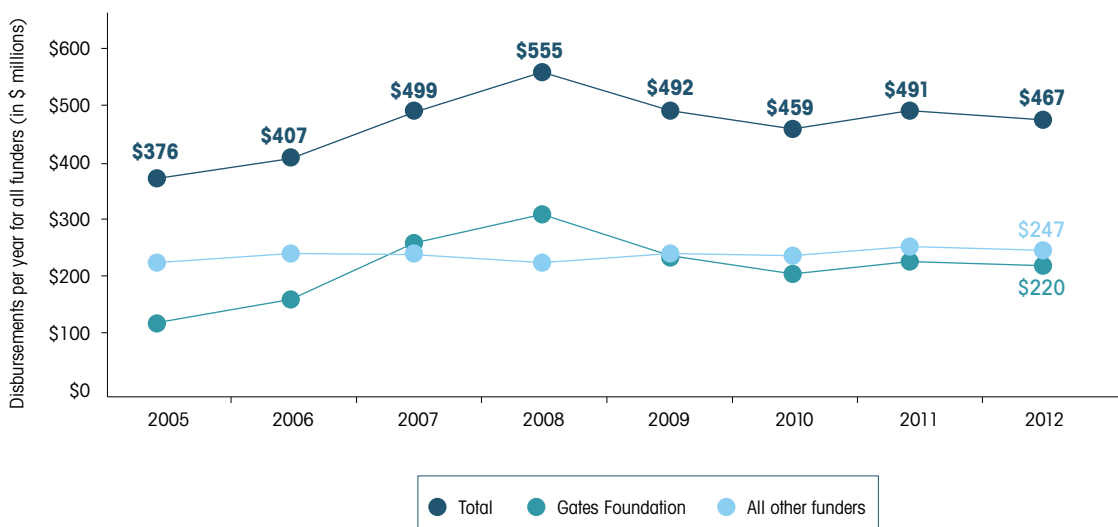


CHART
5B

Top Funders 2011-2012 Disbursements Comparison

(for 68 of 69 top funders which two years of data are available)

NON-GATES FUNDERS:

	2011	2012
	\$235	\$238
	MILLION	MILLION

Increased Giving: 37 of 67 Non-Gates Top Funders ↑ **\$30** MILLION

Decreased Giving: 29 of 67 Non-Gates Top Funders ↓ **\$27** MILLION

TOTAL CHANGE 2011 – 2012

↓ **\$15** MILLION or **-3%**

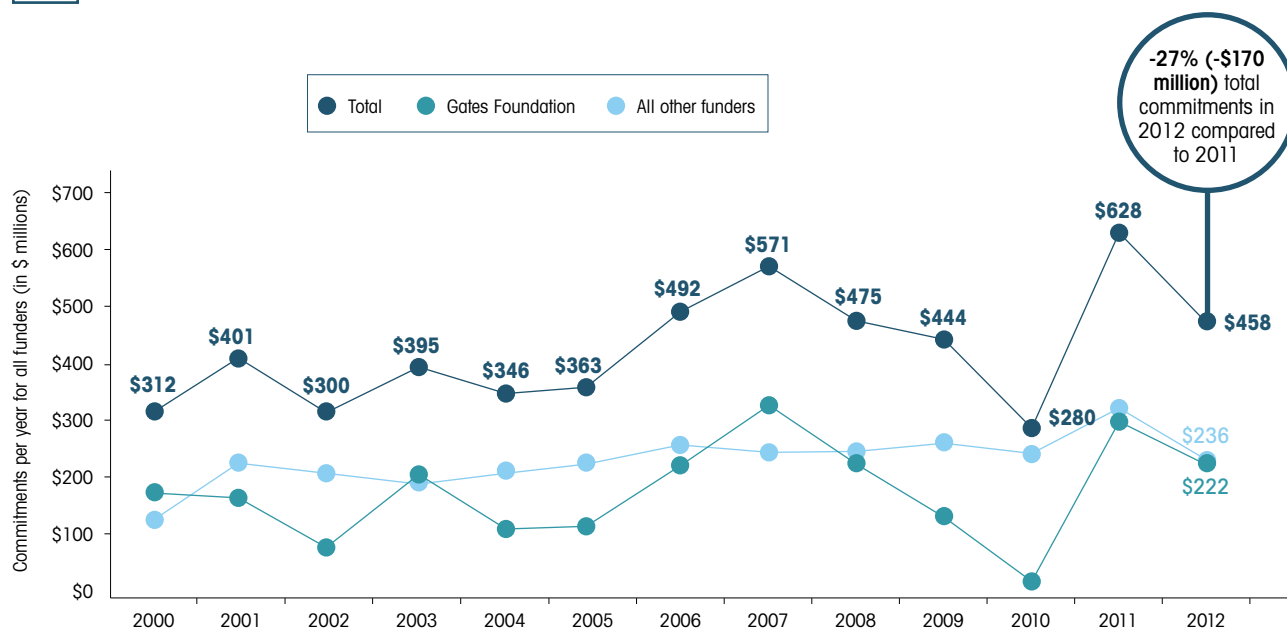
GATES FOUNDATION:

	2011	2012
	\$238	\$220
	MILLION	MILLION

Decreased Giving: ↓ **\$18** MILLION

CHART
6

Total HIV/AIDS Philanthropic Commitments by U.S. Funders 2000-2012²⁷



Note: All of the following FCAA charts and tables refer to disbursements.

²⁷ All commitments data available for all funders is included in the chart for each year, including funders' totals from Foundation Center and Foundation Search data. Historical commitment figures have also been adjusted to remove funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

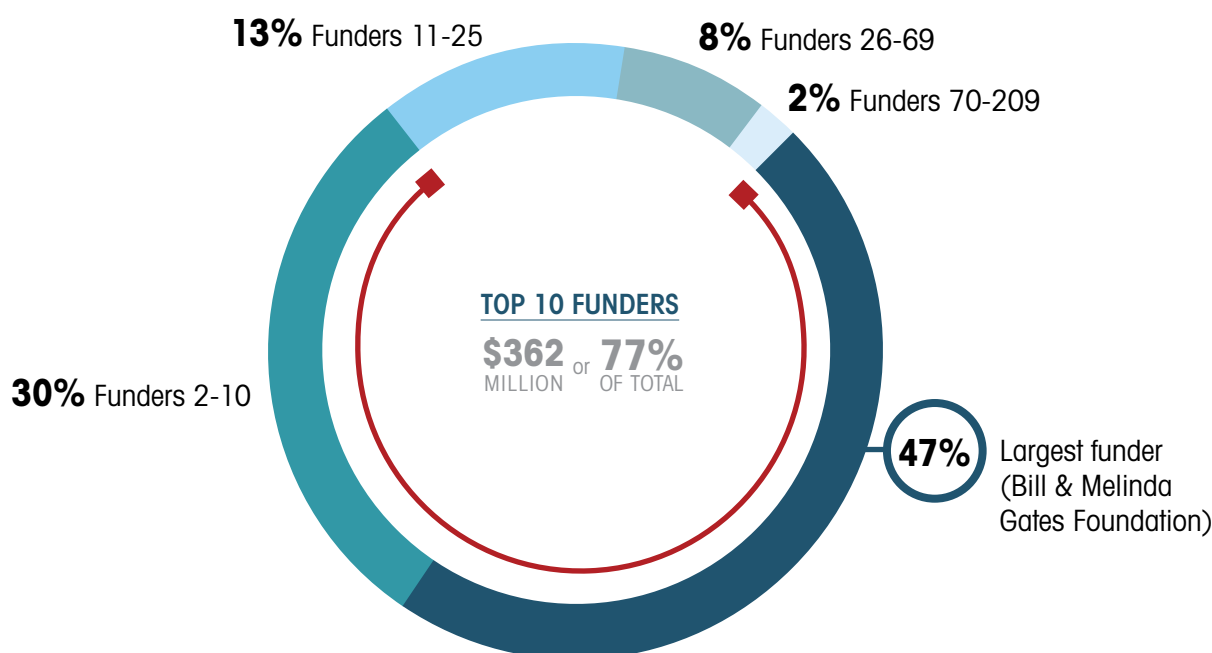


KEY FINDINGS

Funding remains highly concentrated among top 10: The top 10 funders accounted for 77% (or \$362 million) of all disbursements. The Gates Foundation alone accounted for 47%.

CHART
7

Distribution of Disbursements by U.S. Philanthropic HIV/AIDS Funders in 2012
(by percentage of total disbursements)



Largest Funder: The creation of the **Bill & Melinda Gates Foundation** in 2000 ushered in a new era of growth for global AIDS philanthropy. As the largest private funder of HIV/AIDS, the Foundation has committed more than \$2.5 billion in HIV grants to date, as well as more than \$1.4 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria. With a program goal to “significantly reduce the incidence of HIV infection and extend the lives of people living with HIV,” the Foundation has prioritized areas, including: discovery and development of a safe and effective HIV vaccine; development and improvement of safe, effective and affordable antiretroviral-based

prevention methods; improvement of the efficiency and effectiveness of HIV product development and HIV treatment and prevention programs through the development and application of better diagnostics; scale up of voluntary medical male circumcision as a way to decrease HIV transmission; and identification of ways to reduce the cost of HIV programs while increasing their impact.

For more information about a few of the Gates Foundation’s programs, see examples of funding on page 49 (prevention) and page 56 (research).



KEY FINDINGS

A key role in the response: Thirteen corporate foundations and giving programs—including six of the top 10 funders—represented 26% (or \$122 million) of total U.S. HIV/AIDS philanthropy for 2012, and about half of the total disbursements from funders other than the Gates Foundation. Comparatively among general philanthropy, corporate funders represent only 6% (or \$18.15 billion) of total charitable giving in the U.S.²⁸

TABLE 2 Top U.S.-based Corporate Philanthropic HIV/AIDS Funders in 2012
(ranked by amount of disbursements)

FUNDER NAME	AMOUNT
M•A•C AIDS Fund and M•A•C Cosmetics, NY	\$34,408,082
Abbott and Abbott Fund, IL	19,150,990
Gilead Sciences, Inc., CA	16,707,441
ViiV Healthcare, NC	16,048,230
Merck, NJ	11,499,912
Johnson & Johnson, NJ	9,517,818
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	7,407,874
Levi Strauss & Co., CA	2,500,000
Janssen Therapeutics, NJ	1,992,000
Wells Fargo, CA	1,864,105
The Coca-Cola Foundation, Inc., GA	550,000
Pfizer Inc, NY	490,752
GE Foundation, CT	350,000
Total	\$122,487,204

2011 – 2012 COMPARISON

Decreased 3% from
 \$125.6 MILLION to \$122.5 MILLION

~50% of all funding from funders other than Gates Foundation

²⁸ Giving USA Foundation. *Giving USA: The Annual Report on Philanthropy 2013*. Available at: www.givingusareports.org



KEY FINDINGS

2013 forecasted to remain the same or slightly lower: Almost half (47%) of funders that shared their anticipated grantmaking for 2013 (50 of 69) forecast funding for HIV/AIDS would stay about the same compared to 2012, including the highest funder, the Gates Foundation, and four other top 10 funders.

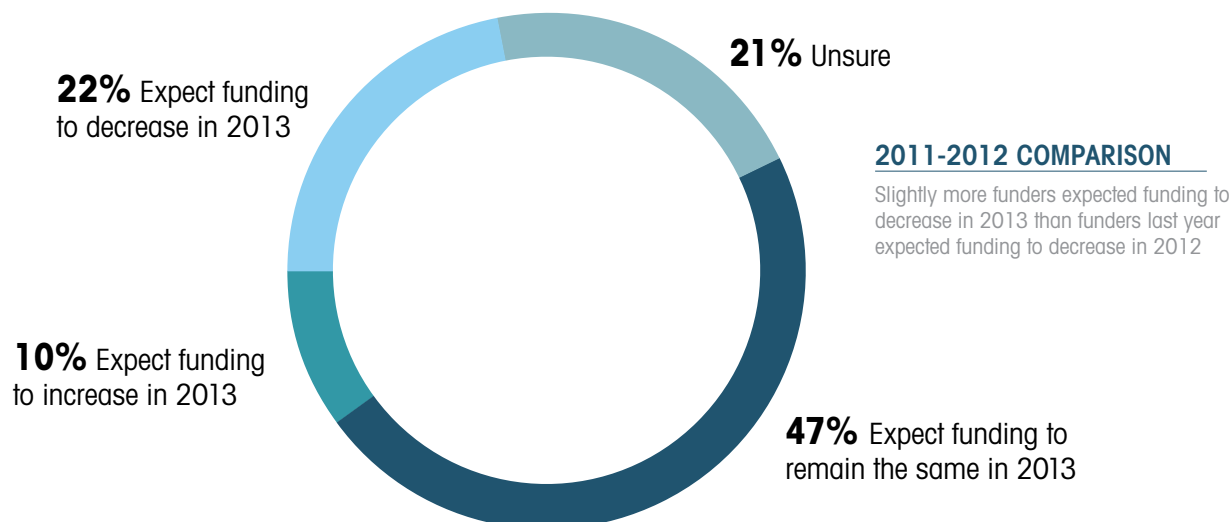
Three funders, including two top 10 funders, indicated funding would decrease in 2013 due to a shift of funding to other related areas: Funders reported funding shifting towards

HIV/Hepatitis C co-infection and Hepatitis C programming; overall chronic conditions; and maternal and child health.

One long-time funder closed at the end of 2012: The Irene Diamond Fund, which had given over \$75 million to HIV/AIDS research since its opening in 1994, closed at the end of 2012. The fund was designed to close within 10 years of Irene Diamond's death, which occurred in 2003.

CHART
8

Forecast of 2013 U.S. Philanthropic HIV/AIDS Funding²⁹
(by percentage of funders responding)



The Irene Diamond Fund closed at the end of 2012 after giving over \$75 million to HIV/AIDS research since its opening in 1994. The Fund supported public health, arts and culture, education, and human rights, but may be best known for supporting the Aaron Diamond AIDS Research Center (ADARC) in New York City. Ms. Diamond, who worked in the film industry, and her husband, Aaron Diamond, a real estate developer, created the Aaron Diamond Foundation (which operated from 1985-1996) that helped establish ADARC in 1991 in addition to \$20 million in

postdoctoral AIDS research fellowships. The research at ADARC over the years has greatly contributed to the basic understanding of HIV science and was first to show suppression of HIV with combination drug treatment. The Irene Diamond Fund has also supported national syringe-exchange programs, in collaboration with other philanthropies, as part of the Syringe Access Fund. While her foundation was designed to close within 10 years of Ms. Diamond's death, which occurred in 2003, ADARC continues to conduct important research and trials today.

²⁹ It should be noted that it is difficult for funders to accurately forecast changes in grantmaking, and that this is a general conclusion about funding in 2013. Less than half of the individual funder predictions for 2012 funding from the previous year's survey on 2011 funding turned out to be correct (17 of 40 responses, including just two of the six top 10 funders that provided forecasts). The overall prediction that funding would remain the same in 2012 as 2011 was true for the total among funders other than the Gates Foundation. The Gates Foundation predicted 2012 funding would remain the same as 2011 funding, however decreased funding by 8% from 2011-2012, which for a funder of their size was substantial at nearly \$18m and strongly affected the overall decrease from 2011-2012.

KEY FINDINGS

Majority of funding was directed to projects with a global aim: Projects that target a worldwide population (such as research) received the highest amount of funding in 2012, representing 47% (or \$223 million) of all disbursements. This was followed by funding to specific countries and regions outside of the U.S., which accounted for 32% (\$150 million), while about 21% (or \$100 million) was directed toward the domestic U.S. epidemic.

An approximately equal number of funders support the U.S. domestic epidemic exclusively, the epidemic outside of the U.S. exclusively, or a mix of funding.

CHART
9A

Share of Total U.S. Philanthropic HIV/AIDS Disbursements in 2012 by Geographic Focus
(by percentage of total expenditure, for 69 top funders)

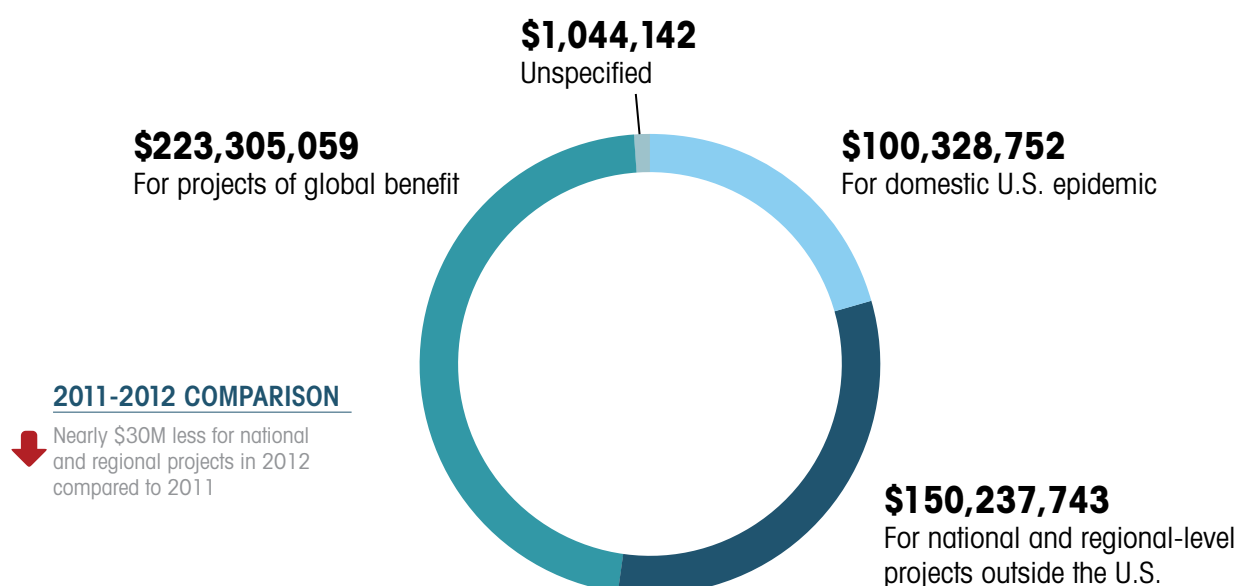
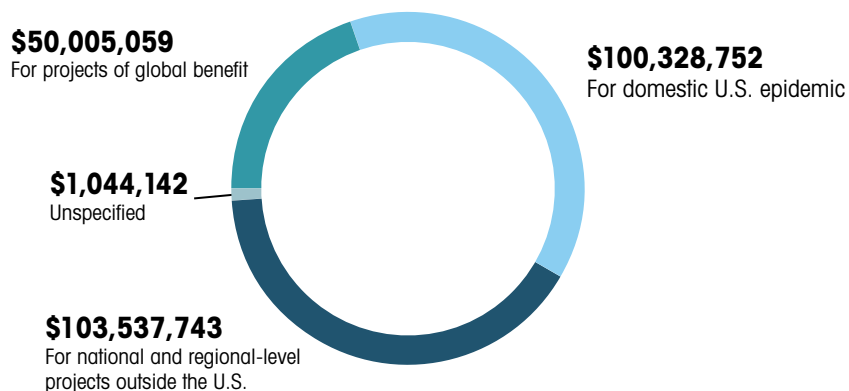


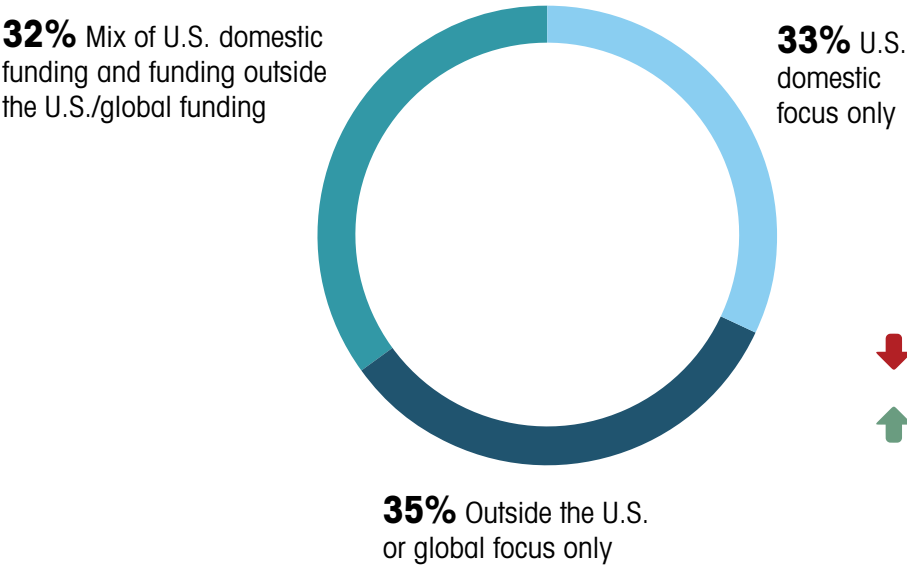
CHART
9B

Geographic Focus for Funders Other than Gates Foundation
(by percentage of total expenditure)



The amount of funders that support the U.S. domestic epidemic exclusively is roughly equal to the amount of funders that fund outside the U.S. or globally, or fund a mix of all geographic regions.

CHART 10 **Geographic Focus of U.S. Philanthropic HIV/AIDS Funders in 2012**
(by percentage of funders responding to question)



2011-2012 COMPARISON

- Three less top funders exclusively funded the U.S. domestic epidemic
- Five more funders exclusively funded international or global HIV/AIDS work



KEY FINDINGS

Projects for the domestic U.S. epidemic received 21% (or \$100 million) of all HIV/AIDS disbursements.

FCAA identified a total of 44 top funders that disbursed funds to address the U.S. domestic epidemic. Eighteen of those funders disbursed \$1 million or more to support domestic U.S. HIV/AIDS programming in 2012.

TABLE 3 Top U.S. Philanthropic Funders (>\$1 Million) of Domestic U.S. HIV/AIDS Work in 2012
(ranked by amount of domestic disbursements)

FUNDER NAME	DOMESTIC (\$)	% OF TOTAL HIV/AIDS DISBURSEMENTS BY FUNDER
M•A•C AIDS Fund and M•A•C Cosmetics, NY	15,026,589	44%
Gilead Sciences, Inc., CA	14,724,684	88%
Broadway Cares/Equity Fights AIDS, NY	10,253,386	95%
AIDS United, DC	7,515,256	100%
Merck, NJ	5,639,235	49%
Ford Foundation, NY	5,236,177	37%
Elton John AIDS Foundation, NY	5,156,530	75%
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	4,283,150	58%
Robin Hood Foundation, NY	3,639,000	100%
ViiV Healthcare, NC	2,519,007	16%
AIDS Foundation of Chicago, IL	2,066,913	99%
Janssen Therapeutics, NJ	1,992,000	100%
Kaiser Permanente, CA	1,946,574	100%
Abbott and Abbott Fund, IL	1,880,719	10%
Wells Fargo, CA	1,864,105	100%
The New York Community Trust, NY	1,711,000	100%
Pride Foundation, WA	1,364,948	100%
Washington AIDS Partnership, DC	1,145,212	100%

SECTOR EVOLUTION: The Impact of the National HIV/AIDS Strategy and The Affordable Care Act

This year's survey asked U.S.-focused funders if their work or approach towards addressing HIV/AIDS in the U.S. is 1) in support of or alignment with the U.S. National HIV/AIDS Strategy (NHAS), and/or 2) shifting given the upcoming changes related to the Affordable Care Act (ACA).³⁰ Seventeen funders answered the question with more than 90% noting their current HIV/AIDS grantmaking strategies are in alignment with the NHAS. Some grantmakers shared that they had adapted grant processes to determine how grantee work supports the strategy. Several corporate funders—**Kaiser Permanente**, **Gilead** and **Merck**—answered that new initiatives had been developed specifically to support the goals of the NHAS. A number of other funders, including the **Elton John AIDS Foundation**, **Ford Foundation**, and **AIDS United**, are supporting advocacy efforts to monitor and influence the Strategy, as well as policy work to ensure optimal funding for the full implementation of the Strategy.

Funders are also supporting research, convenings, and technical assistance (TA) to help grantees prepare for the ACA. **Gilead** supported a nationwide technical assistance and capacity building initiative implemented by the National Alliance of State and Territorial AIDS Directors (NASTAD) to provide HIV-focused personnel at state and local health departments with the knowledge, experience and information needed to prepare for and implement anticipated changes from federal sequestration, Medicaid expansion, and shifting Congressional health policy priorities. **The Robin Hood Foundation** is working with grantees to help them conduct outreach and enrollment for health homes as part of New York State's implementation of the ACA. **The Community Foundation for Greater Atlanta** recently completed a survey of local ASOs and nonprofit medical clinics focused on the potential changes to services and revenues related to the ACA, with the goal to use the results to generate conversations during site visits with grant applicants in the fall of 2013.

The **M•A•C AIDS Fund** provided a grant to the **AIDS Foundation of Chicago**, Project Inform and the Treatment Access Expansion Project to lead ACA advocacy and implementation. This work aims to monitor and respond to proposed rules and regulations on implementing the ACA; to educate PLWHA and providers about pending changes; to support policy makers and service providers to implement the ACA to meet the needs of HIV-positive people; to provide tools to help states and localities integrate the Ryan White system of care into broader programs like Medicaid; and to defend the ACA and health care programs that will provide coverage under reform from attacks.

Several funders are also helping grantees navigate the collective sea changes of the NHAS, ACA implementation, and shifts in national HIV/AIDS funding. In 2012 **Johnson & Johnson** made a grant to **AIDS United** to help communities transform to meet the demands of this dynamic landscape by strengthening the capacity of communities and organizations to provide HIV services consistent with the domestic HIV/AIDS strategies and policy environment. The new grant will enable **AIDS United** to provide in-depth TA to five communities per year to adapt to the policy landscape and determine optimal and sustainable service delivery models that are linked to the most at-risk populations in their communities.

Washington AIDS Partnership (WAP), the Institute for Public Health Innovation (IPHi), and the D.C. Department of Health have partnered to help HIV/AIDS service providers prepare for changes in the HIV/AIDS sector. In-depth interviews were conducted with local organizations to assess capacity and needs. The interviews were used to develop a series of convenings and trainings in 2013-14 for the Washington, D.C. metropolitan region focused on common areas of capacity building needs such as understanding the ACA and how it will affect the HIV/AIDS field, data systems, fee-for-service considerations, and new business and partnership models. The convenings and trainings provide an important opportunity for HIV/AIDS service providers, public health organizations, and medical providers to build collaborative relationships and prepare for transitions in the field. WAP also released a RFP focusing on "strategic restructuring" to help local nonprofits work through vertical and horizontal integration, expansion, and other restructuring activities.

For more information, eight recommended actions for funders to help advance the goals of the NHAS, as well as correlating funder and stakeholder actions, see the FCAA toolkit, the Funders' Guide to the National HIV/AIDS Strategy: www.fcaaid.org/NHASToolkit

SECTOR EVOLUTION: How Are ASOs Keeping Pace?

Combined with advances in prevention and treatment, and the continuing impact of the economy, the "game-changers" of the NHAS and ACA are forcing AIDS Service Organizations (ASOs) and Community Based Organizations (CBOs) to reconsider their strategic, financial, and service planning in order to remain relevant, effective, and sustainable".³¹ A recent survey from the Asian & Pacific Islander American Health Forum³¹ on the impact of changes in HIV/AIDS prevention, funding shifts, and treatment advances on ASO organizational stability and sustainability found that a large number of organizations are facing significant challenges to their sustainability. Notably a review of 154 IRS Form 990s revealed that 75% of agencies reported a loss for at least one of the years under review (2007-2010). The survey also highlighted that ASO and CBO leaders are "acutely aware that the HIV/AIDS 'service environment' is changing rapidly." While some organizations are opting to move towards providing medical services—such as applying for Federally Qualified Health Center (FQHC) or FQHC-look-alike status—through partnerships and linkages to other agencies, the majority noted they are not sure how and where to start. Read the full survey online at <http://bit.ly/17tokPf> for detailed data, and a series of recommendations to support the transformation of the domestic AIDS sector.

"We have been traditionally an HIV prevention agency. The changes in healthcare financing are new for us, and we're in uncharted territory."

—Survey respondent

³⁰ Another component in this evolution is a growing funder response to the Treatment Cascade—data that reveals that only a third of PLWHA in the United States are engaged in regular care, and less—only 25%—have a suppressed viral load. Learn more on page 34.

³¹ Asian & Pacific Islander American Health Forum, Capacity for Health Project. *HIV/AIDS ASO and CBO Stability & Sustainability Assessment Report*. September 2013. Available at: www.apiahf.org/resources/resources-database/hiv-aids-aso-and-cbo-stability-and-sustainability-assessment-report

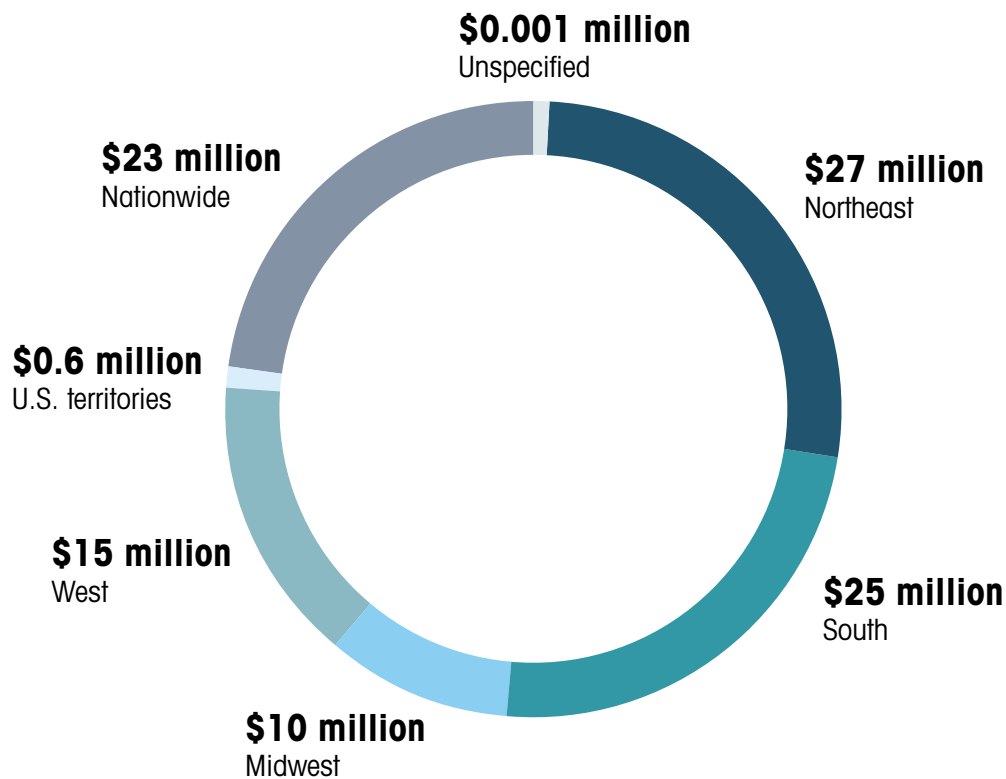
KEY FINDINGS

The **Northeast** received about \$27 million in 2012, and was the U.S. domestic region that received the highest share of funding, followed by the **South** at \$25 million, and **Nationwide** funding at \$23 million.

The chart below shows the U.S. regional distribution of domestic HIV/AIDS philanthropic funding. FCAA asks funders to report domestic funding according to where the office of the grantee is located. It is important to note that some funders' grantees conduct HIV/AIDS work outside of the region in which they are based. Therefore, the share of funding given to a domestic region specified in Chart 11 is only an estimate of the actual funding spent in the region.

CHART
11

Regional Distribution of Domestic U.S. Philanthropic HIV/AIDS Funding in 2012
(by percentage of total domestic disbursements)



2011-2012 COMPARISON



South received \$3 million less



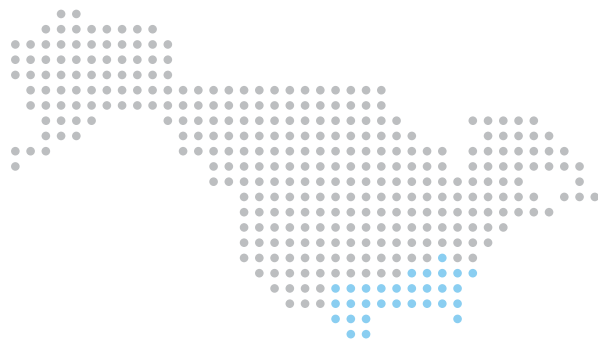
Nationwide projects received \$10 million more

TABLE 4 Top U.S. Philanthropic Funders (>\$1 Million) of Domestic U.S. HIV/AIDS Work by U.S. Region in 2012
(ranked by amount of disbursements to grantees based in each region)

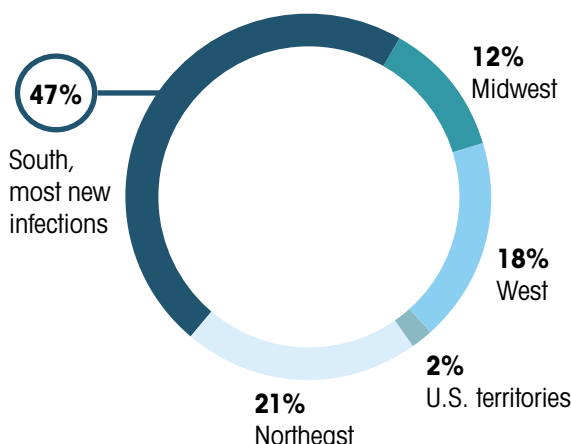
NORTHEAST	
Broadway Cares/Equity Fights AIDS, NY	\$7,112,258
M•A•C AIDS Fund and M•A•C Cosmetics, NY	4,163,906
Gilead Sciences, Inc., CA	3,648,117
Robin Hood Foundation, NY	3,639,000
The New York Community Trust, NY	1,711,000
AIDS United, DC	1,390,461
Merck, NJ	1,192,918
SOUTH	
Gilead Sciences, Inc., CA	\$5,440,271
M•A•C AIDS Fund and M•A•C Cosmetics, NY	3,542,856
AIDS United, DC	3,123,928
Ford Foundation, NY	2,375,000
Merck, NJ	2,202,152
Elton John AIDS Foundation, NY	1,478,580
Broadway Cares/Equity Fights AIDS, NY	1,469,710
Washington AIDS Partnership, DC	1,145,212
MIDWEST	
AIDS Foundation of Chicago, IL	\$2,016,913
Gilead Sciences, Inc., CA	1,581,176
AIDS United, DC	1,208,868
M•A•C AIDS Fund and M•A•C Cosmetics, NY	1,024,191
WEST	
M•A•C AIDS Fund and M•A•C Cosmetics, NY	\$2,053,136
Gilead Sciences, Inc., CA	2,016,678
Merck, NJ	1,838,025
AIDS United, DC	1,631,619
Kaiser Permanente, CA	1,449,870
Wells Fargo, CA	1,154,585
Broadway Cares/Equity Fights AIDS, NY	1,046,300

THE BIG PICTURE: U.S. SOUTH

A region that has been increasingly targeted by philanthropic funders in past years but remains heavily impacted by HIV/AIDS is the U.S. South. With only about a third of the U.S. population, the U.S. South consistently has the highest rate of new HIV infections and the highest number of people living with HIV/AIDS of all U.S. regions.

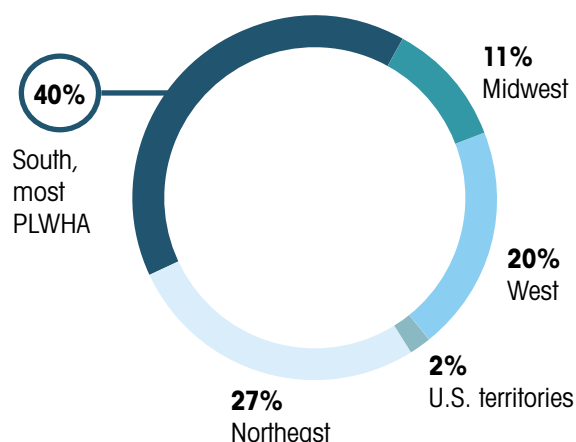


Estimated New HIV Infections in the U.S. in 2011 by Region (total: approximately 50,000)



Source: Centers for Disease Control and Prevention. *HIV Surveillance Report*, Vol. 23, 2013. Available at: http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html

Estimated People Living with HIV in the U.S. by Region (up to end of 2010) (total: approximately 1.4 million)



Note: Chart includes both estimated adults and adolescents living with diagnosis of HIV infection and AIDS diagnosis in the United States.

Source: Centers for Disease Control and Prevention. *HIV Surveillance Report*, Vol. 23, 2013.

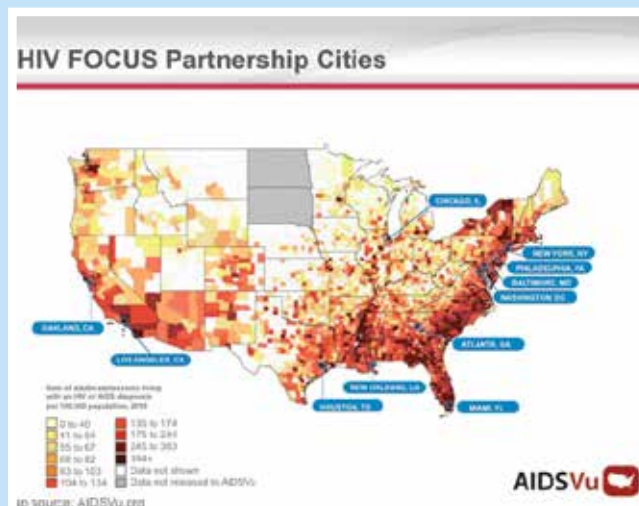
Have you seen 'deepsouth'?

'deepsouth' is a documentary by filmmaker Lisa Biagiotti that explores the impact of HIV on the lives of several individuals living in the rural American South. The film illustrates how HIV intersects with other problems in the social infrastructure of the South that can contribute to high rates of HIV, such as poverty, stigma, lack of comprehensive sexual education, poor access to healthcare, unemployment, and racial, gender, and sexual identity issues. Three individuals are followed in the film, bringing a human dimension to the statistics: a young, gay, HIV-positive African-American man struggling with stigma and discrimination in Mississippi; an HIV-positive, African-American community-based AIDS activist woman in Louisiana struggling to run meaningful programs amidst funding shortages; and one traveling Alabama AIDS activist struggling amidst bureaucracy to ensure the South's HIV problems are heard and helped. Learn more: www.deepsouthfilm.com

Examples of Funder Support to U.S. Regions

SOUTH

Gilead's HIV FOCUS program (HIV on the Frontlines Of Communities in the United States) was launched in 2010 to address systemic and institutional barriers to routine HIV testing and access to care by building innovative partnerships and encouraging the creation and adoption of sustainable HIV testing models in order to reduce the rate of new HIV infections in America. HIV FOCUS works with partners in 11 cities: Atlanta, Baltimore, Chicago, Los Angeles, Houston, Miami, New Orleans, New York, Oakland, Philadelphia and Washington, D.C. One HIV FOCUS partnership is with Interim LSU Public Hospital in New Orleans. The hospital is implementing a state-of-the-art testing program combined with an extensive social marketing campaign that draws upon New Orleans' jazz performers to promote the importance of early HIV detection. The hospital is transitioning from a part-time, low volume model of testing to one that uses the most innovative testing technology for round-the-clock testing performed routinely by indigenous emergency room staff. The hospital expects to more than triple the number of tests performed (approx. 40,000) and to do so at the same cost of a previous smaller volume program.





KEY FINDINGS

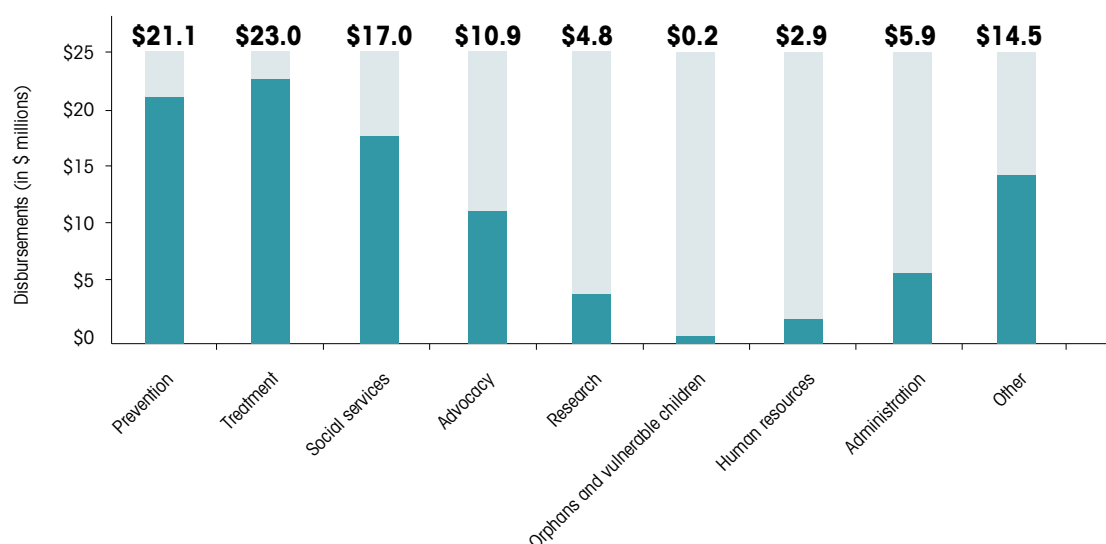
Treatment projects received the biggest share of U.S. domestic funding (\$23 million), followed by **prevention** (\$21 million), and **social services** (\$17 million).

Top funders were asked to identify the intended use of their funding for the U.S. domestic epidemic according to the categories below. The “other” category for domestic intended use includes funding that was unspecified, unable to be disaggregated, and for projects that did not fall under the pre-determined categories, such as: health systems strengthening; professional education; stigma reduction; support for social justice documentaries, including “How to Survive a Plague,” “25 to Life,” “Illness is the Only Industry,” and “Public Health, Private Pain”; technical

assistance to HIV/AIDS service providers; fundraising activities and events; and scholarships for the International AIDS conference.

CHART
12

Intended Use of U.S. Philanthropic HIV/AIDS Funding for the Domestic U.S. in 2012



2011-2012 COMPARISON

- Prevention received \$2.3 million less
- Treatment received \$1.8 million more, and became the top category in 2012 (replacing Prevention)
- Social services received \$1.4 less

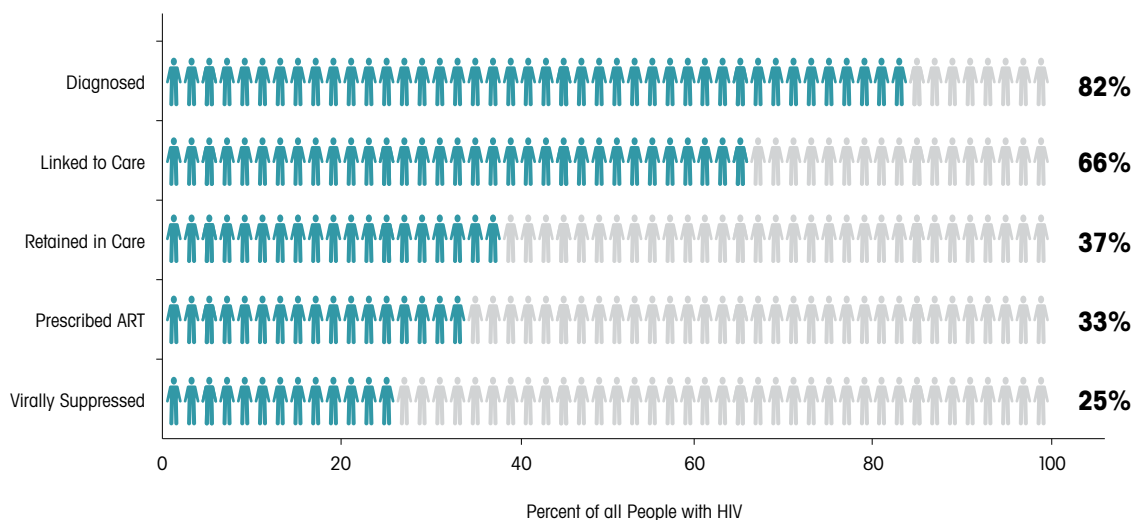
THE BIG PICTURE: **ACCESS & RETENTION IN CARE**

Though the numbers of HIV-infected people in the U.S. that are aware of their HIV status have improved over the past decade, with an estimated 82% aware of their status in 2009, only about a quarter of all PLWHA in the U.S. receive the continuous care and treatment needed to be healthy and reduce their HIV transmission to others. According to further analysis

of the Treatment Cascade (see below), the Centers for Disease Control and Prevention have also found that African Americans are least likely to be in ongoing care or have their virus suppressed; that young Americans (aged 25-34) are least likely to be retained in care or be suppressed; and that men are less likely to be retained in care.

The Treatment Cascade

(of 1.1 million Americans living with HIV, only 25% are virally suppressed)



Source: Centers for Disease Control and Prevention. *CDC Fact Sheet: HIV in the United States: The Stages of Care*. July 2012. Available at: www.cdc.gov/nchhstp/newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf

Philanthropy Addresses the Treatment Cascade

The Treatment Cascade (see page 34, also known as the Care Cascade, Care Continuum, or the Gardner Cascade) has mobilized public and private funders to improve access to and retention in HIV/AIDS care. On July 15th, 2013—the third anniversary of the U.S. National HIV/AIDS Strategy (NHAS)—President Obama signed an Executive Order to create the HIV Care Continuum Initiative, which will direct Federal agencies to prioritize addressing and improving access along the continuum of HIV testing, services, and treatment.³² In this year's survey, FCAA asked private funders if any of their organization's projects address the Treatment Cascade. Twelve funders answered in the affirmative, and offered both domestic and international project examples.

AIDS United's multi-million dollar access to care portfolio (A2C) is the largest public-private programming in the nation focused on increasing access to and retention in effective HIV care for vulnerable, hard-to-reach communities. A2C seeks to identify the systemic and/or personal barriers to care people living with HIV/AIDS (PLWHA) may experience, support the development of systems and interventions to alleviate those barriers, and implement innovative approaches to ensuring access to and consistent engagement in care. Importantly, A2C features two innovative approaches. First, the program focuses on hard-to-reach populations, such as the people living in the U.S. South, the incarcerated, the homeless, and women. Secondly, all funded projects must develop a team of organizations that are collaborating to reduce barriers to care, to provide innovative solutions to long-standing access problems, and to change the way that systems operate in their community. The longstanding goal is to develop projects that address both individual and system level changes to barriers to care.

Over 95% of **Gilead's** HIV FOCUS (HIV on the Frontlines of Communities in the United States) partnership grants address both HIV screening and linkage to care. Further, their partners must have a linkage to care plan in place to ensure that individuals identified as positive are linked to care. Through its U.S. Corporate Grants program, Gilead also supported an effort by Project Inform to host a Think Tank meeting that assembled representatives of the CDC, state and local health officials, medical providers, AIDS service organizations, and PLWHA to address the Treatment Cascade. The objective was to assess which existing state and federal HIV health registries and electronic medical records (EMRs) are in place, and to identify local and state health systems that were exemplary in effectively utilizing their registries and EMRs to identify individuals that are HIV-positive and not currently receiving care. **Janssen Therapeutics** supported the same project led by Project Inform, and their LINCC (Linking in-Need Communities to Care) Initiative, now in its third year, is a community-based Request for Proposals supporting linkage to and retention in care for underserved populations such as women and MSM of color.

ViiV Healthcare's Positive Action's Southern Initiative is a \$2.5 million collaborative, community-focused program that focuses on linking PLWHA into care and/or enhancing their treatment adherence by addressing local gaps in care and services in the hard-hit U.S. South. With a grant from the Positive Action Southern Initiative, the Union Mission—a homeless service agency in Savannah, GA—was able to expand the services they offer PLWHA to include a Health Living Educational Adherence Program designed to provide linkages to quality care, promote treatment adherence, and ensure that people maintain their medical appointments. Components of the program include nurse house calls and the development of personalized adherence plans, a phone tree system to assist individuals with reminders for doctor appointments, and monthly educational workshops.

The **Elton John AIDS Foundation** recently made a new investment of \$250,000 in HarborPath for the Common HIV Patient Assistance Program Portal. HarborPath's mission is to centralize and streamline the program application process for PLWHA who are uninsured and have no other access to HIV medications. HarborPath operates a central website where case managers and patient advocates can go to access HIV medications and process HIV patient assistance program applications. This process eliminates the burdensome, duplicative paperwork normally required to submit individual patient assistance program applications and ensures that medications are dispensed and delivered to patients in a coordinated and efficient manner, with a goal to help decrease or eliminate potential gaps in coverage and treatment for PLWHA.

On the international side, **Bristol-Myers Squibb's** SECURE THE FUTURE® program has a community-based focus that addresses patient needs throughout the continuum of care. **Johnson & Johnson** funded a new project, *mHealth Expert Learning Program (mHELP)*, designed to provide technical support to health organizations on how to use mobile technology to help eliminate mother-to-child transmission of HIV/AIDS (EMTCT). mHealth has been used as a tool to address many areas along the treatment cascade. For example, one of the critical gaps in the EMTCT cascade is failure to identify and enroll children living with HIV on treatment. UNICEF's Mwana program uses mHealth solutions to address this gap by tracking women and children to ensure that all individuals living with HIV are tested, enrolled in care, and treated. mHELP will replicate this type of intervention by identifying additional mHealth interventions that address gaps along the EMTCT cascade. Read more about funder efforts around EMTCT on page 61.

³² <http://blog.aids.gov/2013/07/the-hiv-care-continuum-initiative-the-next-step-of-the-national-hiv-aids-strategy.html>

SPOTLIGHT ON THE M•A•C AIDS FUND

At AIDS2012, the **M•A•C AIDS Fund (MAF)** launched a Care for Life initiative to remove barriers that cause PLWHA in the U.S. to fall out of care. As part of this partnership, Health & Human Services Secretary Kathleen Sebelius announced UCARE4LIFE, a two-year public-private partnership with MAF. UCARE4LIFE is a mobile texting pilot program to help patients get important reminders and tips for managing their disease. This project will develop a message library for delivering timely phone text reminders in English and Spanish to HIV-positive individuals in the South to improve appointment attendance and medication adherence. In addition, HHS and MAF worked with Johns Hopkins University to host the Global Engagement in Care conference to convene international and domestic scientists and public health practitioners. Held in May 2013, the convening was a forum to exchange best practices and identify gaps for retaining people in care around the world.

At the heart of MAF's initiative is a 2-year, \$4 million grant to **AIDS United** to create an innovation fund to improve domestic retention in care. With a unique combination of grants, technical assistance, a learning community, and rigorous evaluation, AIDS United is supporting innovative models of retention in care for PLWHA. Following a competitive request for proposals, seven projects around the country were selected. Each program has a local evaluator, and Johns Hopkins is leading a national evaluation for the initiative. Ultimately, AIDS United will disseminate best practices and lessons learned to inform retention-in-care interventions across the U.S.

The Care for Life announcement further heralded MAF as a leading funder and thought leader in the area of access to and retention in care. Established in 1994, MAF has been a longtime supporter of supportive services that help engage and retain PLWHA in care, such as grants for organizations with food/nutrition programs, housing organizations that provide safe and stable housing units, and harm reduction programs for PLWHA.

Driven by the disparities depicted by the care continuum, MAF wanted to do more to ensure that their grantmaking priorities actively support engaging and retaining PLWHA in care. In early 2013 MAF asked FCAA where companies and foundations' donations map out along the cascade. After learning that no funders have systematically tracked this, MAF asked FCAA for their assistance to analyze how their grants address the Treatment Cascade. Through a careful analysis and coding of MAF's FY2012 grants supporting domestic work, FCAA determined that 18% supported policy and research, 15% addressed prevention, and **62% of MAF's U.S.-focused grants addressed the Treatment Cascade through direct or supportive services.**

Funding for the Treatment Cascade included a wide range of grant programs, including 3% focused on testing and diagnosis of HIV, 28% supported linkage to care efforts, and 69% supported engagement and retention in HIV care. MAF's long history of supporting services such as food/nutrition and housing for PLWHA were the core of their retention funding.

"We often hear that people are not engaged in care because of other urgent basic needs like lack of food, housing, and transportation," says Nancy Mahon, Global Executive Director of the M•A•C AIDS Fund, "and this is the part of the continuum that shows the biggest drop. We're proud that we have always funded supportive services so that people can address their health needs. Moving forward, we're allocating additional funding in testing, linkage, and retention programs to ensure that this remains a priority. We also encourage other funders to analyze their own funding along the continuum—not only is it a helpful strategic exercise, but it can also make a difference in people's lives."

KEY FINDINGS

Men who have sex with men, African Americans, women, and homeless/impovertised persons were the top target populations of U.S. domestic HIV/AIDS funding.

Top funders were asked to identify the three population groups that receive the greatest benefit from their domestic funding. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 13.)

Funders who supported U.S. medical research for HIV/AIDS for domestic benefit reported the research targeting any and all U.S. populations.

The “other” category in Chart 13 for domestic target populations included responses that fell outside of the

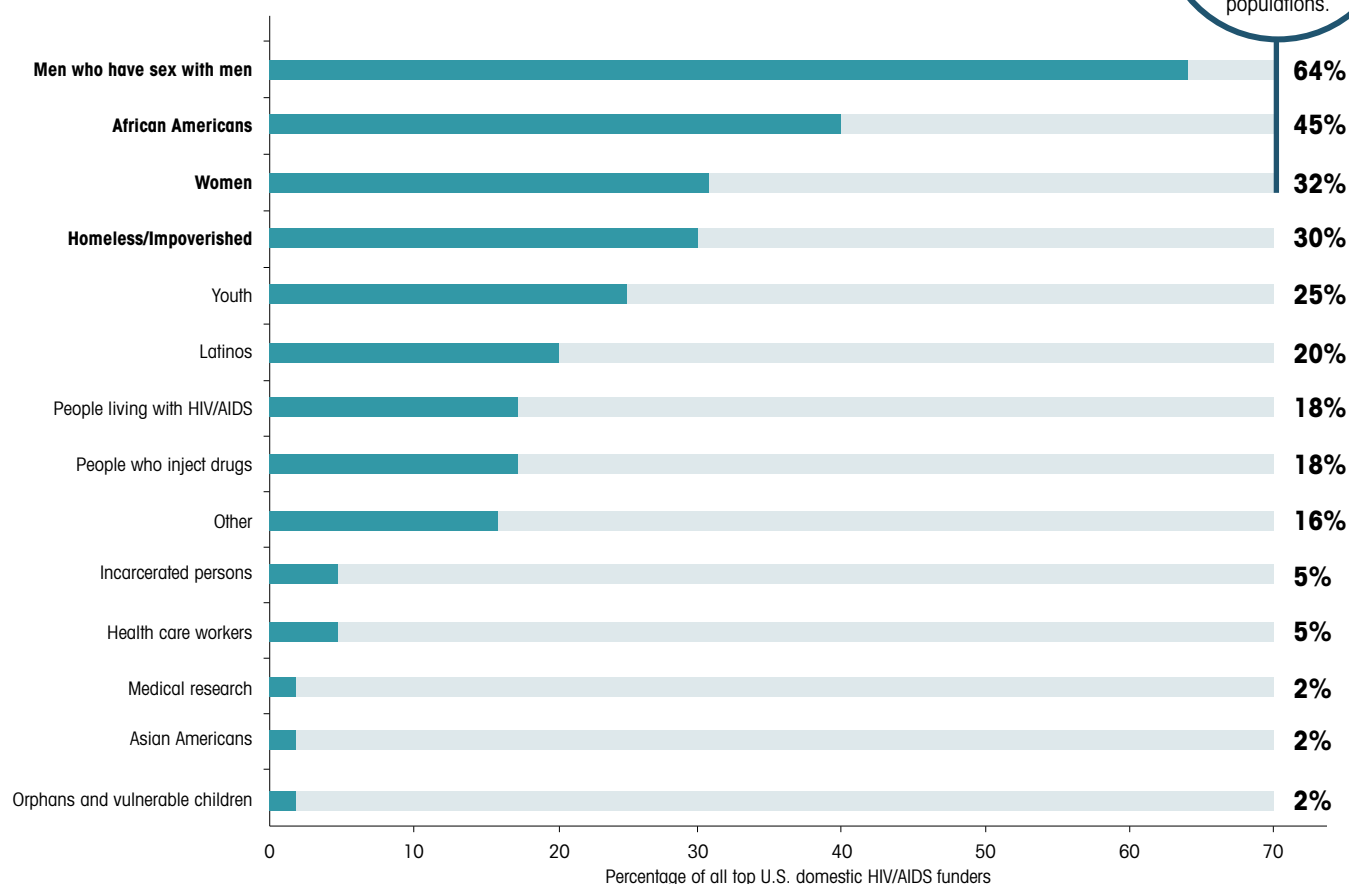
pre-determined categories. Funders reported examples as “other” such as all populations, transgender people, LGBT communities, health nonprofit leaders, all who would benefit from HIV/AIDS education, and funding focused on public health policies in general.

CHART
13

Target Populations of U.S. Philanthropic HIV/AIDS Funding for the Domestic U.S. Epidemic in 2012

(by percentage of 44 top domestic funders from which target populations data were obtained)

The top 10 funders chose African Americans, men who have sex with men, and women as their top three target populations.



2011-2012 COMPARISON



Men who have sex with men increased to **64%** of domestic funders in 2012 from **45%** in 2011, and became the top target population in 2012 (replacing African Americans)

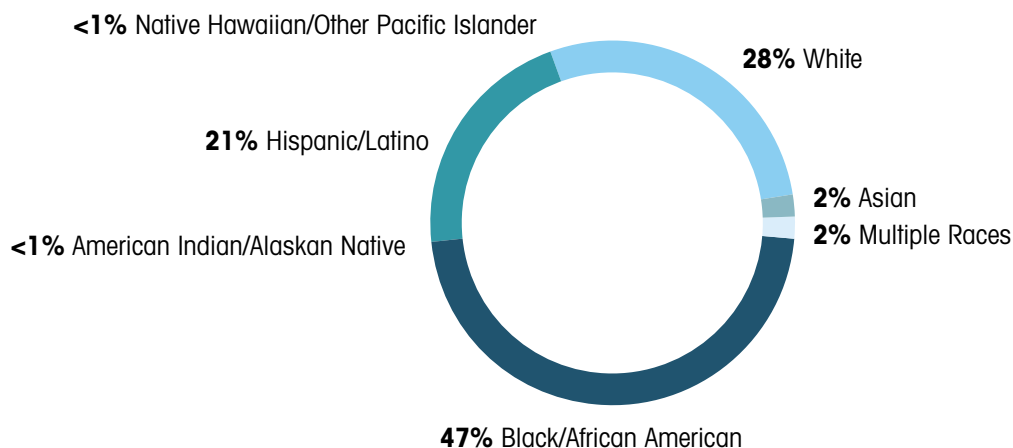
Note: The chart above shows percentages of funders that selected each target population as one of their top three, so does not necessarily show flows of funding to each population.

THE BIG PICTURE: **AFRICAN AMERICANS**

Though chosen by philanthropies as a top target population of funding for the U.S. domestic epidemic, a population that continues to be affected disproportionately by HIV is **African Americans**,

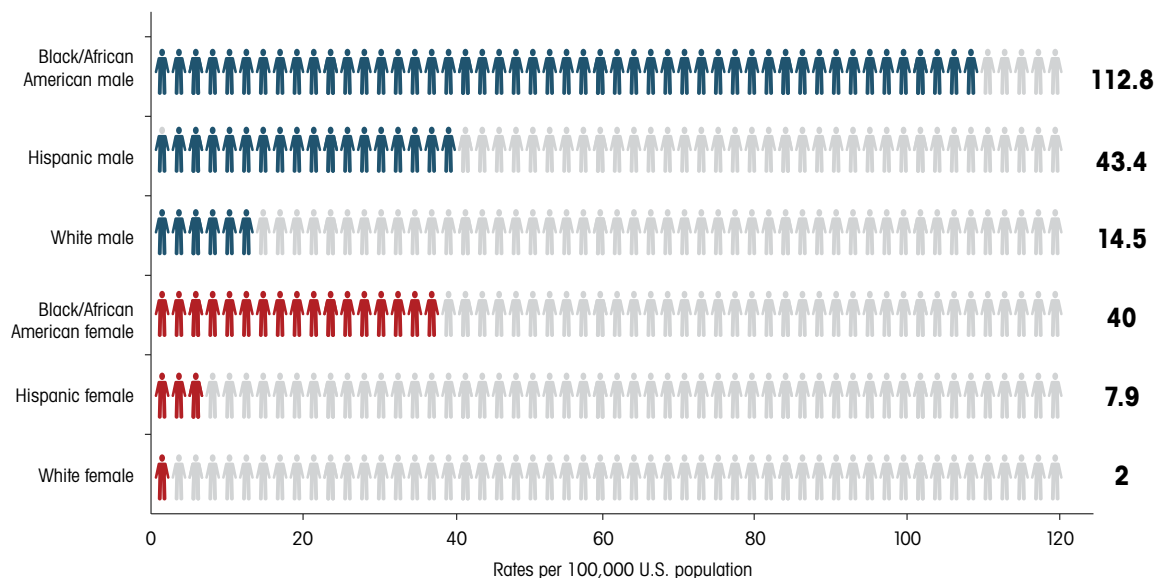
who although just an estimated **13% of the U.S. population** in 2012, had the highest rate of new HIV infection diagnoses of any race/ethnicity, accounting for about **half of new HIV infections** in 2011.

Estimated New HIV Infections in the U.S. by Race/Ethnicity in 2011



African American males and females have the highest rates of new HIV infections of any race/ethnicity.

Estimated Rate of New HIV Infections in the U.S. by Race/Ethnicity and Gender in 2011



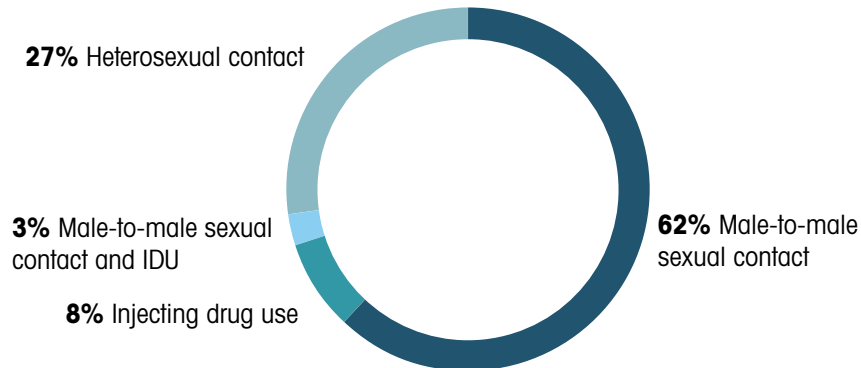
Sources: Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 23. 2013; and United States Census Bureau. *State & Country Quick Facts: USA*. Available at: <http://quickfacts.census.gov/qfd/states/00000.html>

THE BIG PICTURE: MEN WHO HAVE SEX WITH MEN

Another U.S. population that is being targeted by philanthropic funders but remains heavily affected by HIV is **men who have sex with men**, who represent an estimated **2% of the U.S. population** in 2011, yet HIV transmission by male-to-male sexual

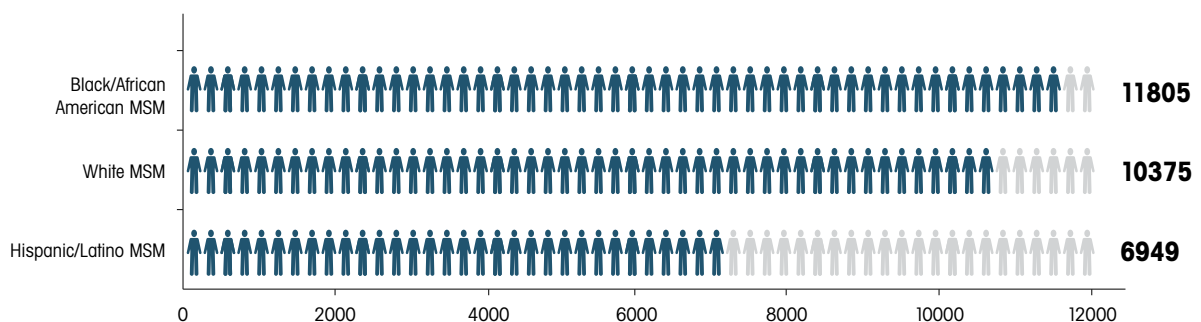
contact accounted for an estimated **62% of new HIV infections** in 2011. Homophobia, stigma and discrimination can make it difficult for these men to access testing, treatment and care.

Estimated New HIV Infections in the U.S. by Transmission Category in 2011



African American men who have sex with men had the highest number of new HIV infections of men who have sex with men of any race or ethnicity in 2011.

Estimated New HIV Infections in the U.S. Among Men Who Have Sex with Men by Race/Ethnicity in 2011



Sources: Centers for Disease Control and Prevention. *Fact Sheet: HIV Among Gay and Bisexual Men*. 2013. Available at: www.cdc.gov/hiv/risk/gender/msm/facts/index.html; and Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 23. 2013.

Examples of Funder Support to U.S. Populations

AFRICAN AMERICANS/MEN WHO HAVE SEX WITH MEN

In 2012 **Weingart Foundation** awarded \$15,000 in general operating support (GOS) funding to In the Meantime's Men's Group (ITMT). ITMT is a reputable service provider to low-income, African-American gay men (AAGM) in South Los Angeles. The agency links AAGM of all ages to services and resources that are vital to their overall health and wellness including in-house programs such as social support groups, health and wellness programs addressing emotional, physical and financial health, and participation in cultural events to promote community integration. ITMT's strong reputation

in the AAGM community has enabled it to become the premier provider of culturally sensitive HIV/AIDS programs for AAGM in Los Angeles County. GOS funding enabled the agency to expand staff capacity by hiring an organizational development support position to provide technical and administrative support for multiple related services including the agency's new innovative mobile HIV testing. This new position also has allowed the agency to function at a higher capacity leading to the submission of several other additional grant support requests.

AFRICAN AMERICANS/MEN WHO HAVE SEX WITH MEN

The **San Francisco AIDS Foundation** has launched a new program to address the specific needs of young gay black men to improve health and prevent new HIV infections. The program is called Determined to Respect and Encourage African-American Men (DREAAM). In less than a year, DREAAM has attracted dozens of participants and it continues to grow. The program hosts regular meetings so that young men of color can connect with their peers, learn about health, and form a community. Outreach workers hit the streets to provide resources and free HIV testing. Participants have access to case management services. Every Friday there is a drop-in night where men can eat food, watch movies, play games, join a discussion group, and make new friends. Most importantly, DREAAM is just getting started and it has big plans for the future to reach as many at-risk young men as possible.



AFRICAN AMERICANS

For the past three years, **Gilead** has partnered with the National Association for the Advancement of Colored People (NAACP) on The Black Church & HIV: The Social Justice Imperative initiative. The initiative aligns with the U.S. National HIV/AIDS Strategy as it engages faith leaders and other members of the Black Church to be the voice of influence in confronting the HIV epidemic. According to the initiative, there are 21,000 Black Churches in the U.S., and as many as 20 million African Americans attend church on a weekly basis. For more than 200 years, Black faith leaders have been a focal point of social change for the Black community on issues ranging from ending slavery to expanding voting rights and employment opportunities. The initiative utilizes a social justice framework which links the current fight against HIV to these historical social movements led by the NAACP and the Black Church. It provides faith leaders basic HIV education, builds awareness about the impact of the virus on the broader African-American community, and shifts the conversation to one of action. Through the creation of a more HIV-fluent Black Church, the initiative aims to lessen stigma, and ultimately stem the rise of new HIV infections in the Black community.



Norman Mitchell, left, performs an HIV test on the Rev. Timothy Sloan during a service at St. Luke Missionary Baptist Church in Humble, Texas. Credit: Michael Paulsen/©2012 Houston Chronicle

WOMEN

One of the **Washington AIDS Partnership's** best practices is Positive Pathways, an evidence-based structural intervention which is addressing barriers to HIV/AIDS medical care for low-income African Americans, primarily women and their partners, living in Washington, D.C. A network of 13 peer Community Health Workers (CHWs) have been hired and placed in community, managed care, and primary care settings to identify out-of-care individuals, build peer-based trust, provide personalized assistance to help patients navigate service systems, and provide support throughout the early part of patients' medical care

until they are fully engaged. Peer CHWs utilize their unique position to address barriers to care that can present challenges for other medical professionals, such as providing trust-based information and education, overcoming denial and stigma, conducting outreach and support deep in the community, taking the time to walk clients through the healthcare system, and helping clients strategize to manage the logistics of caring for oneself in the context of a complicated life. Positive Pathways is funded through a mix of national and local funding, including Social Innovation Fund funding through AIDS United's Access to Care Initiative.



KEY FINDINGS

Projects for countries and regions outside the U.S. received 32% (or \$150 million) of all HIV/AIDS disbursements.

This section explores funding from U.S. organizations directed to projects of benefit to regions or countries outside of the United States. (See page 53 for information about funding with a worldwide aim.) FCAA identified 24 funders out of the top 69 funders that disbursed \$1 million or more to support national and regional-level AIDS programming outside of the U.S. in 2012.

TABLE 5 Top U.S. Philanthropic Funders (>\$1 Million) of National and Regional HIV/AIDS Work Outside of the U.S. in 2012
(ranked by amount of international disbursements)

FUNDER NAME	NATIONAL AND REGIONAL PROJECTS OUTSIDE THE U.S. (\$)	% OF TOTAL HIV/AIDS DISBURSEMENTS BY FUNDER
Bill & Melinda Gates Foundation, WA	46,700,000	21%
M•A•C AIDS Fund and M•A•C Cosmetics, NY	17,077,879	50%
Abbott and Abbott Fund, IL	12,599,711	66%
ViiV Healthcare, NC	11,111,452	69%
Conrad N. Hilton Foundation, CA	8,727,000	100%
Johnson & Johnson, NJ	7,384,808	78%
Ford Foundation, NY	6,975,433	50%
Merck, NJ	5,860,677	51%
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	2,890,268	39%
Open Society Foundations, NY	2,698,574	30%
Skoll Foundation, CA	2,500,000	100%
International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA	2,402,228	100%
American Jewish World Service, NY	2,231,278	99%
Keep a Child Alive, NY	2,083,395	100%
Global Fund for Women, CA	1,851,625	100%
Firelight Foundation, CA	1,825,969	99%
amfAR, The Foundation for AIDS Research, NY	1,763,116	42%
Elton John AIDS Foundation, NY	1,695,331	25%
Gilead Sciences, Inc., CA	1,539,737	9%
South Africa Development Fund, MA	1,499,755	100%
Levi Strauss & Co., CA	1,136,000	45%
Mennonite Central Committee (MCC) US, PA	1,103,019	100%
Glaser Progress Foundation, WA	1,025,000	98%
Zonta International Foundation, IL	1,000,000	100%

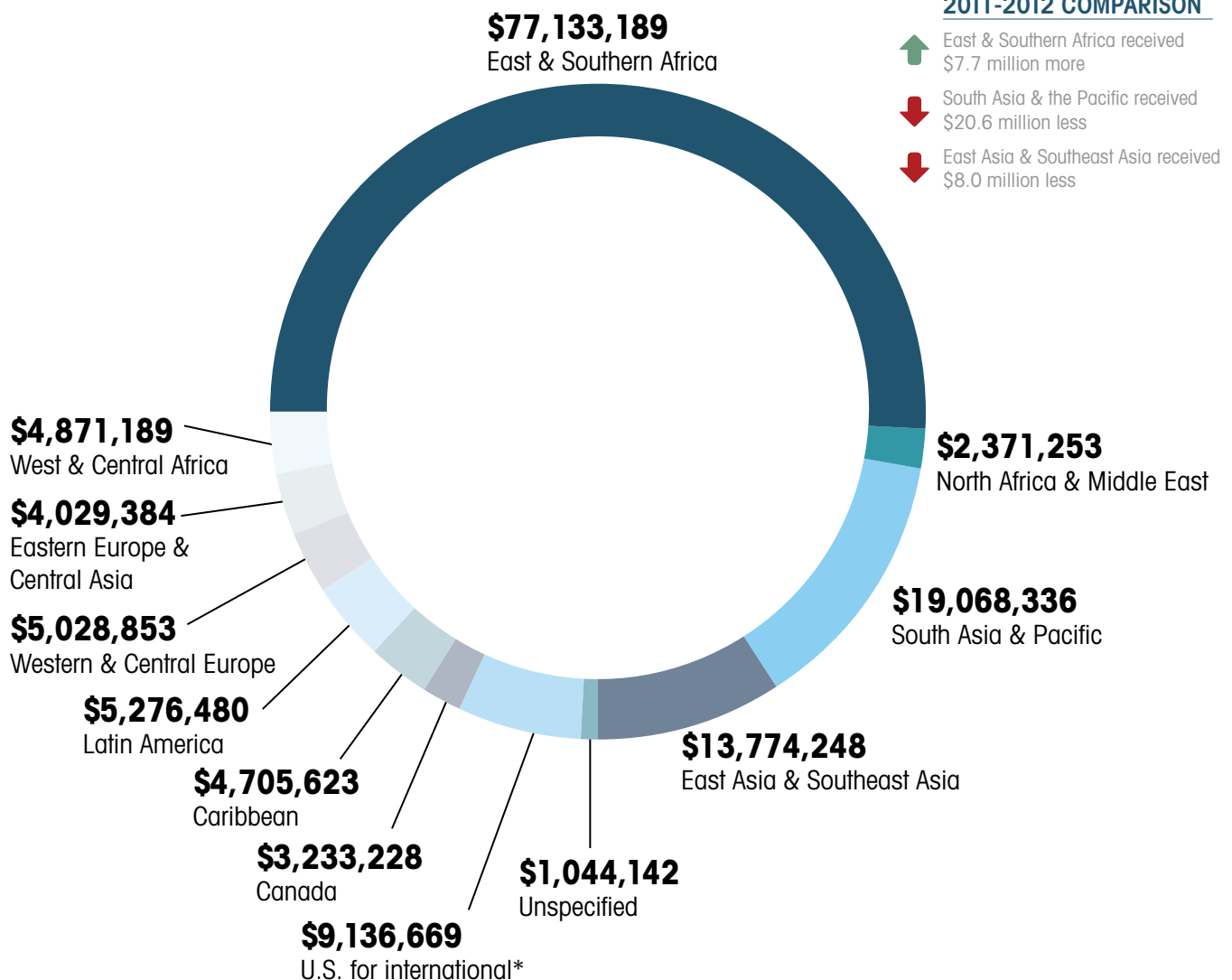
KEY FINDINGS

East and Southern Africa received the most funding of all regions outside of the U.S. (\$77 million), followed by South Asia & the Pacific (\$19 million), and East Asia & Southeast Asia (\$14 million).

CHART
14

Regional Geographic Distribution of U.S. Philanthropic HIV/AIDS Funding Outside of the U.S. in 2012

(by percentage of total international disbursements)



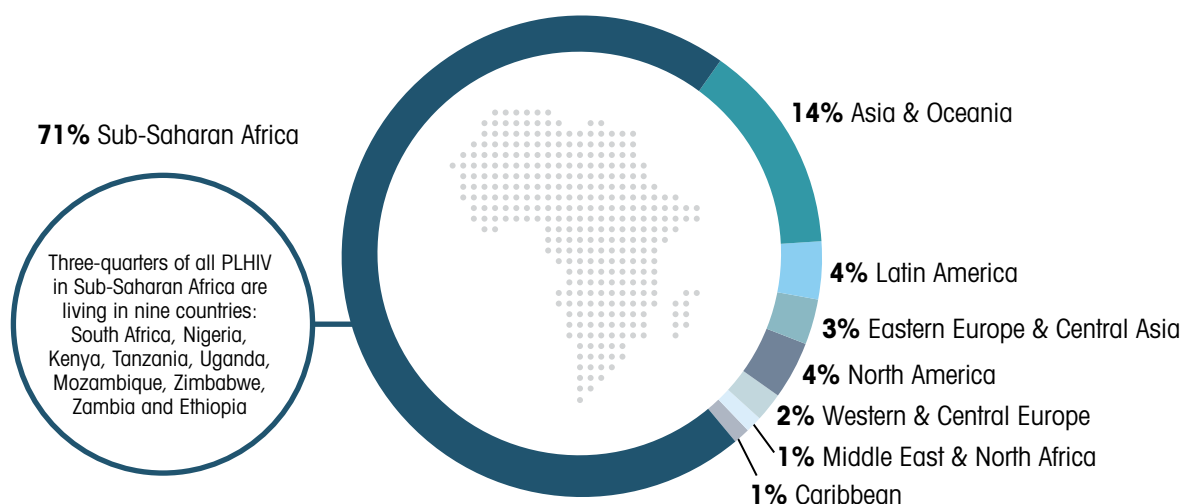
*Funding for grantees with main offices in the United States that are known to use the grant money for national and regional work outside the U.S. are counted in the 'U.S. for international' figure. This is in contrast to the other categories where funding is granted directly to offices in each region.

THE BIG PICTURE: NEEDS BY GEOGRAPHIC REGION

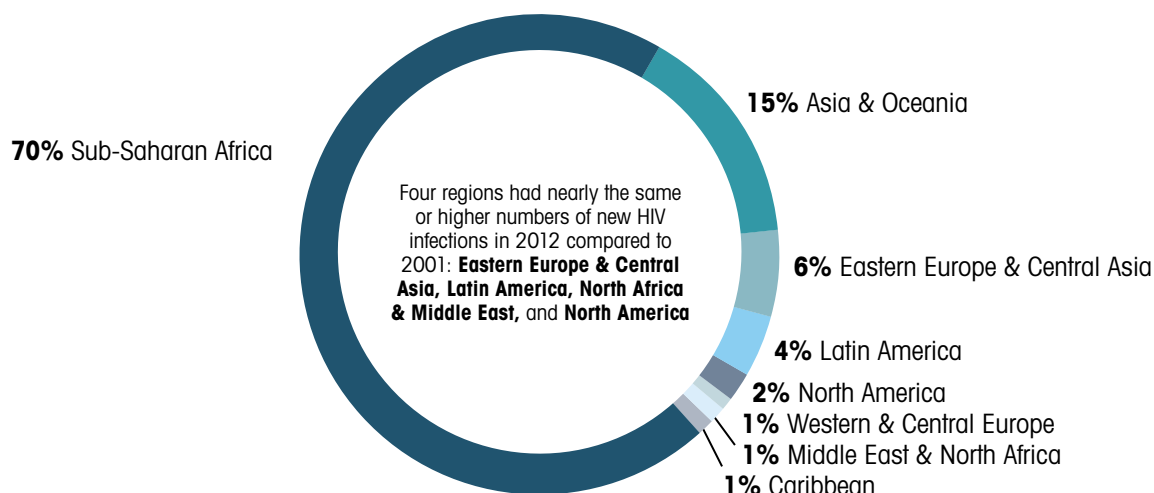
Progress has been achieved in **sub-Saharan Africa** over the past 10 years with reductions in new HIV infections and AIDS-related deaths—critical as the region accounted for an estimated 71% of all adults and children living with HIV and 70% of all new HIV infections worldwide in 2012. Though domestic spending in sub-Saharan African countries has increased substantially since 2007, only six countries in the region have met the Abuja Declaration target of spending 15% of their national budgets on health, and over three-quarters of the 45 countries in sub-Saharan Africa reporting to UNAIDS in 2013 received half or more of their HIV funding from international sources.

Between 2001 and 2012, only four global regions are estimated to have nearly the same or increased numbers of new HIV infections. The number of people newly infected with HIV was slightly higher in 2012 compared to 2001 in the regions of **North America** and the **Middle East and North Africa**, and declined only slightly in **Latin America** and **Eastern Europe and Central Asia** in 2012 compared to 2001. Although the numbers of people living with HIV in all of these regions are a fraction of those in sub-Saharan Africa, any rise in new HIV infections is cause for concern and can indicate a failure of or lack of support for prevention, treatment and access to care initiatives, with marginalized populations especially vulnerable.

Estimated People Living with HIV by Global Region in 2012 (estimated total: 35 million)



Estimated New HIV Infections by Global Region in 2012 (estimated total: 2.3 million)



Sources: UNAIDS. *Treatment 2015*. July 2013; and UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2013*. September 2013.

Examples of Funder Support to International Regions

EAST AND SOUTHERN AFRICA

The *Access Project for the Global Fund* is a joint effort of the **Glaser Progress Foundation** and Columbia University to support the Global Fund initiatives in Nigeria, Ethiopia, Malawi, South Africa, Rwanda, Angola, Namibia, and Haiti. *Access Project* advisers offer hands-on strategic planning to governments of developing countries and organizations applying for funding, helping to evaluate existing programs, identifying the most successful models and monitoring implementation of funded programs. The project's next phase will be to help countries implement and monitor Global Fund-financed programs. Currently, the *Access Project* operates primarily in Rwanda, where the Glaser Progress

Foundation helps to fund the Nyarugenge health center. The center launched operations in late December 2012, and so far has provided nearly 4,000 consultations, seen 371 family planning patients, and safely delivered 56 babies. Its staff of 10 serves a community of 19,242 people. Nyarugenge is the fourth health center that the *Access Project* has constructed in Bugesera district, and the last sector in the district without a health center. With its construction, every single resident of Bugesera district—not to mention the thousands that travel across the border from Burundi seeking health services—will have local access to essential primary health care.

EASTERN EUROPE

The **International Treatment Preparedness Coalition** supports E.V.A. based in Saint Petersburg. E.V.A.'s priorities include improved access to, and quality of, healthcare services for women living with and affected by HIV/AIDS and other diseases, support for women from vulnerable key affected populations, adequate funding from the government, and reduction of stigma and discrimination. A key aim is cooperation with different sectors of society to affect change in the healthcare system and raise the quality of life of women and their families affected by the epidemic. E.V.A. is managed by women who have experienced shortcomings of the healthcare system such as limited and interrupted access to medications, treatment, prevention, and support. Prior to registering, the group consisted of an informal coalition of seasoned activists engaged in advocacy. Now, having registered as a non-governmental organization in 2010, E.V.A. members are engaged in formal testimony on government policy, meetings with members of the Russian legislature, press conferences, protest actions, and campaigns for access to treatment. E.V.A. projects include developing the leadership of women in Russia, and collecting data on shortages or stock-outs of ARVs and diagnostics, as well as cases of discrimination against vulnerable women in healthcare settings.



Top: E.V.A. press conference on World Tuberculosis Day, Monday, March 24, 2013. Bottom: Members of E.V.A.'s team of activists discuss access to treatment for tuberculosis.



KEY FINDINGS

Prevention projects received the biggest share of HIV/AIDS funding (\$51 million), followed by treatment (\$15 million), EMTCT (\$14 million), and projects supporting orphans and vulnerable children (\$14 million).

Top U.S.-based funders were asked to identify the intended use of their funding for regions and countries outside the U.S. according to the categories below. The “other” category for intended use of national and regional funding outside of the U.S. includes funding that was unspecified, funding that was unable to be disaggregated between multiple categories, and funding for projects that did not fall under the pre-determined categories, such as: health systems strengthening; fundraising activities; conferences; integration of SRH and HIV services; technical assistance; leadership award sponsorship; scholarships; and to the University of Johannesburg to publish *Women on Purpose*, a book about the resilience and creativity of the founding women of Phumani Paper, a papermaking and crafts enterprise established to help HIV/AIDS-infected and affected women.

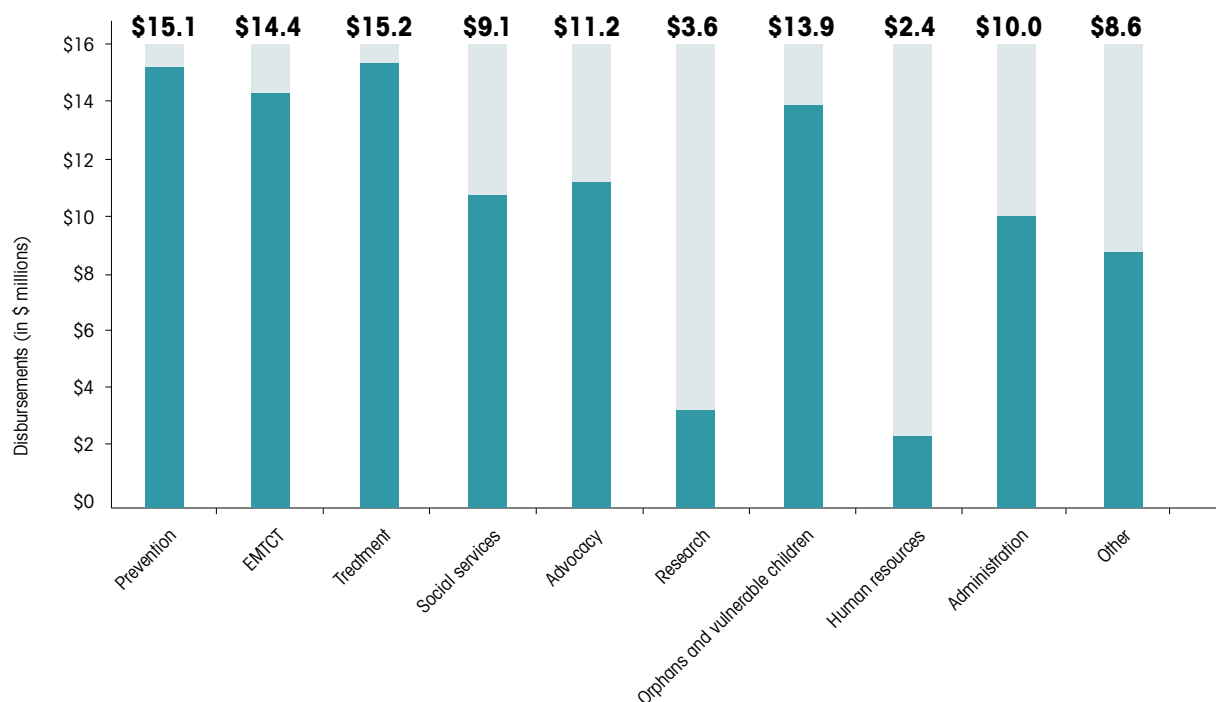
New this year: Funding for elimination of mother-to-child transmission of HIV (EMTCT), previously included in the ‘prevention’ category, was provided its own distinct intended use category in the survey on 2012 funding and in the charts below to better track resources given to this area. It should be noted that some EMTCT programs address primary prevention, treatment, and other categories, but if the sub-categories were part of an EMTCT program, they have been categorized as EMTCT.

CHART
15A

Intended Use of U.S. Philanthropic HIV/AIDS Funding for National and Regional Work Outside of the U.S. in 2012



International Intended Use- Funders Other Than Gates Foundation

**2011-2012 COMPARISON (ALL FUNDERS)**

- ↓ Treatment received \$15.0 million less
- ↓ Advocacy received \$10.3 million less
- ↓ Research received \$14.7 million less
- ↑ Orphans and vulnerable children received \$5.5 million more

Note: Prevention comparisons 2011-2012 are not available as EMTCT was reported in that category for 2011 (amounts not known) and EMTCT was made into a new unique category for 2012.

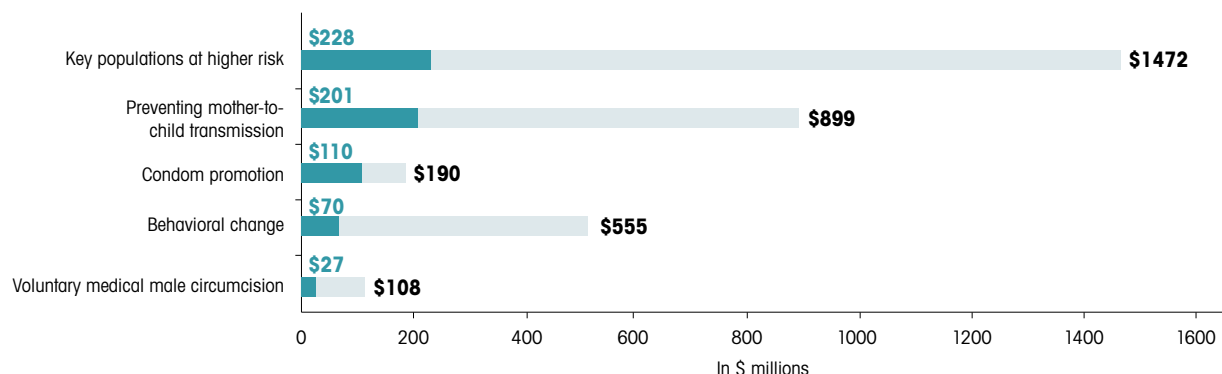
THE BIG PICTURE: RESOURCE NEEDS BY PROGRAM AREA

The following chart shows resources available for selected key components of the Investment Framework from 100 countries reporting to UNAIDS in 2012, compared to what is further needed to meet the global targets set for 2015.

While funding to all areas needs to be increased (including to Treatment, Care, and Support, which is not in the chart, but needs \$1.7 billion in addition to the current total of \$5.1 billion to meet the goal of

\$6.8 billion by 2015), private philanthropy has a special role to play in funding issues and populations that governments may not support. Prevention programs for key populations at higher risk (such as people who inject drugs, sex workers, and men who have sex with men) are one example of an area where resources are greatly needed and many governments fail to fully support programs in their countries that may meet the needs of these populations.

Current Resources (2012) vs. Additional Resources Needed by 2015 for Selected Investment Framework Program Areas

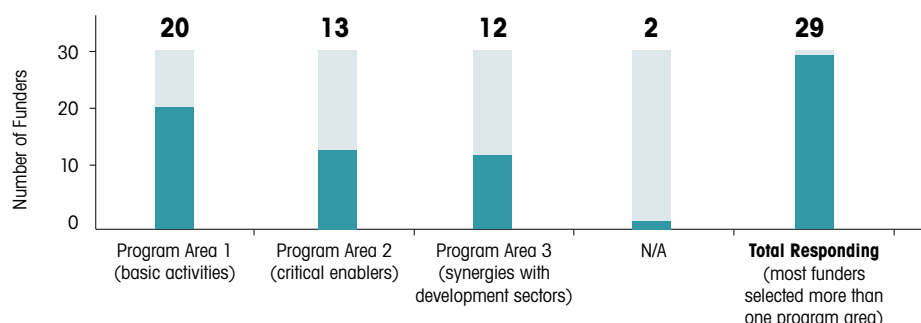


Sources: UNAIDS. *World AIDS Day Report 2012*. November 2012; and UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2012*. November 2012.

WHAT DOES THE INVESTMENT FRAMEWORK MEAN TO PHILANTHROPY?

In this year's survey, FCAA asked U.S.- and E.U.-based funders if they are committed to implementing the Investment Framework. Of the 26 funders who answered the question, 77% answered yes, noting their work is in alignment with or supportive of the Investment Framework. The majority of these funders noted that this alignment is due to a shared commitment to "serving those most in need, mobilizing communities for action, and ensuring organizations are enacting systems-level change." The remaining 23% said the IF is not applicable to their funding priorities due to the size and/or geographic scope of their HIV/AIDS-related portfolio.

Next, we asked funders to identify how their programs aligned with (or supported) the three program areas of the Investment Framework.



Examples of Funder Support to International Program Areas

PREVENTION

The **Bill & Melinda Gates Foundation** funds the International HIV/AIDS Alliance, which has played a key role in establishing sustainable models for HIV prevention including preventative, care and support services for vulnerable populations, particularly female sex workers, men who have sex with men and transgender individuals in Andhra Pradesh, India. This project is part of the Avahan India AIDS Initiative whose goal is to reduce

HIV transmission and the prevalence of STIs in vulnerable high-risk populations. Through this work, the Alliance, funded by the Bill & Melinda Gates Foundation, is currently working with more than 43,000 people through HIV prevention activities, has treated more than 130,000 sexually transmitted infections and has distributed more than two million condoms.

ORPHANS AND VULNERABLE CHILDREN

The **Conrad N. Hilton Foundation** is supporting a learning community of 14 different organizations working at various levels in five countries (Kenya, Malawi, Mozambique, Tanzania and Zambia) to support young children affected by HIV/AIDS. Specifically, the Foundation is focused on support for early childhood development for children aged 0-5 yrs, recognizing the gap in access for this vulnerable age group, and that if vulnerable HIV-affected children and families are reached early via parenting education, nutritional support, health and other early childhood development

programs, children are likely to not only survive, but to thrive, and thus realize their cognitive, social and physical development potential. The Foundation's support includes a monitoring, evaluation and learning focused grant to the Human Sciences Research Council to ensure that the results are shared among grantees and the broader environment at national and international levels. This is one of the few funding initiatives to bring together those working with HIV-affected children and families and the early childhood development community.

ORPHANS AND VULNERABLE CHILDREN

The **Firelight Foundation** supports Matero Care Center in Zambia, the pioneering organization behind Arm's Reach Care, a community care support program focused on strengthening care provided to children living with HIV and AIDS. Arm's Reach Care creates a network of community health workers and nurses to provide children who are HIV-positive a wider range of high quality, life-saving, and lower-cost care at home. The central philosophy of Arm's Reach Care, "Everyone A Caregiver," emphasizes providing maximum care at or as close to home as possible. Matero's effort to help children living with HIV to thrive is focused around three areas of support: access to healthcare services, improved nutrition, and emotional wellbeing. Improved outcomes for children are achieved because of Matero's well-defined program model that uses trained staff and volunteers in carefully coordinated roles. Matero continues to see success in meeting the health and physical needs of children living with HIV.



Firelight Resource Person Louis Mwewa (right) and Matero Care Center Program Director Christopher Mulela (center) meet with one of the families benefitting from MCC's support and services.

TARGET POPULATIONS OF INTERNATIONAL PHILANTHROPIC HIV/AIDS FUNDING

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their funding for countries and regions outside the U.S. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in the chart below.)

Funders who supported medical research for national and regional benefit outside of the U.S. reported the research for improving maternal health in Nigeria and for populations in the regions of East Asia/Southeast Asia, Eastern Europe/Central Asia, Eastern/Southern Africa, Latin America, and South Asia/Pacific.

The “other” category for target populations of national and regional funding outside of the U.S. included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as families, mothers and babies, and caregivers of children affected by HIV/AIDS.

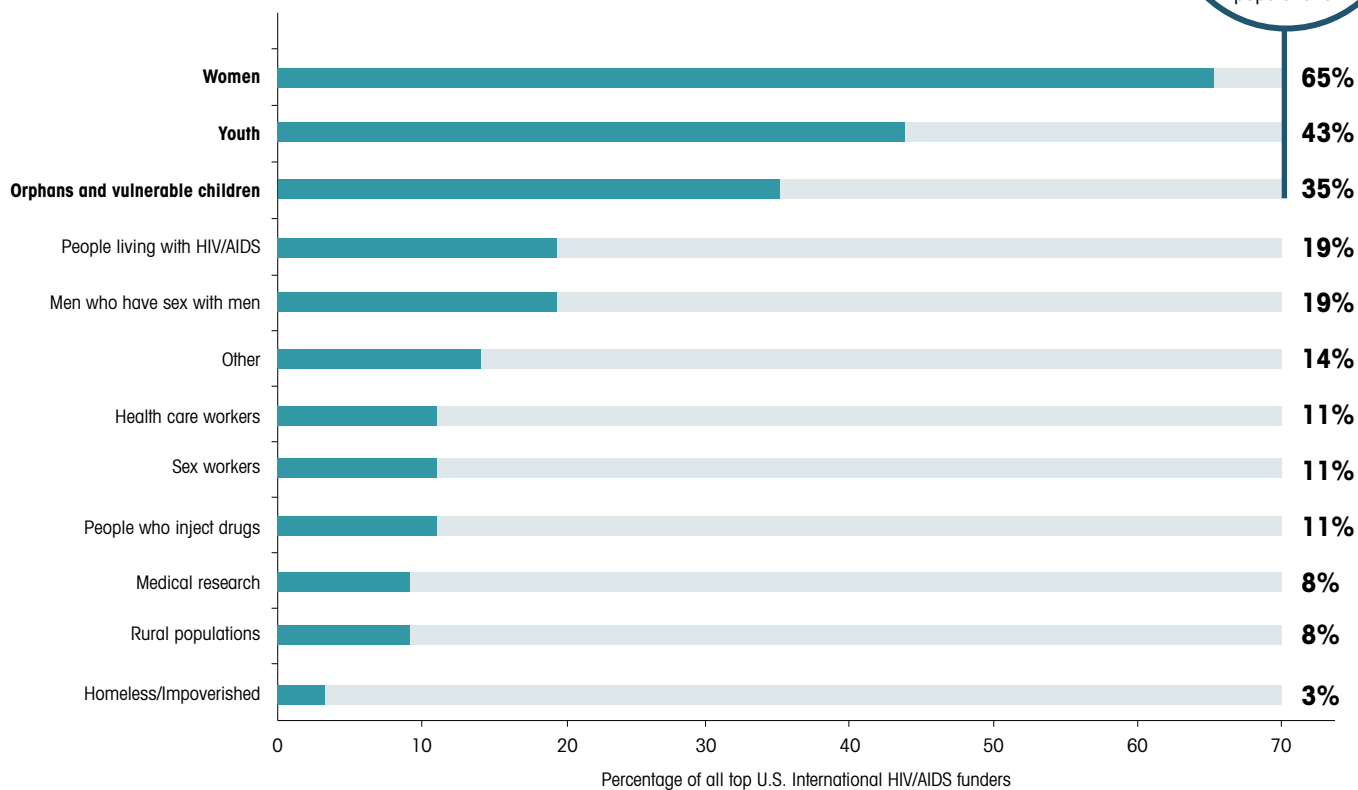
KEY FINDINGS

Women, youth, and orphans and vulnerable children were the top target populations of HIV/AIDS funding directed to specific countries and regions outside of the U.S.

CHART
16

Target Populations of U.S. Philanthropic HIV/AIDS Funding for National and Regional Work Outside of the U.S. in 2012

(by percentage of 37 top funders from which target populations data were obtained)



The top 10 funders chose women, orphans and vulnerable children, and youth as their top three target populations.

Note: The chart above shows percentages of funders that selected each target population as one of their top three, so does not necessarily show flows of funding to each population.

2011-2012 COMPARISON

Women, youth, orphans and vulnerable children, and PLWHA remain as the top four target populations

THE BIG PICTURE: KEY POPULATIONS AT HIGHER RISK

In many countries, HIV/AIDS affects certain populations, such as sex workers, people who inject drugs, and men who have sex with men, much more heavily than the general population. The table below shows HIV prevalence rates among key populations

at higher risk compared to rates among the general population. It also illustrates how existing programs that address the needs of these populations depend almost completely on international donations, given that very few domestic governments fully support them.

POPULATION	COMPARED TO GENERAL POPULATION	% FROM INTERNATIONAL FUNDING 2011-2012
Female sex workers	13.5x more likely to be living with HIV	91%
Men who have sex with men	13x more likely to be living with HIV (in capital cities)	92%
People who inject drugs	22x more likely to be living with HIV	92%

Source: UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic 2012*. November 2012

Examples of Funder Support to International Populations

SEX WORKERS

In 2012 **American Jewish World Service (AJWS)** supported a renewal grant to the Asia Pacific Network of Sex Workers (APNSW) to extend and protect the human rights of sex workers, especially in relation to the scaling up of HIV services for sex workers in the region, as well as to train sex workers in human rights issues. APNSW focuses on building the capacity of sex workers to demand their human rights, and leads effective advocacy work to promote these rights at the regional and global levels. Since 2005, AJWS has provided over \$2 million to 23 sex worker-led organizations and about \$1.5 million to allied organizations to promote the rights of sex workers in Asia, Africa and the Americas. AJWS

continues to be one of a few donors to provide long-term, general support funding to sex worker rights organizations that allows groups to develop long-term strategies, respond quickly to opportunities and emergencies, and build sustainable organizations.



Rights Not Rescue & Solidarity Not Sewing Machines! Credit: Dale Kongmont, APNSW



Participants of the Global Forum on MSM & HIV's Speaking Out Initiative work on understanding the importance of forming collaborative alliances that are necessary in order to be efficient in advocacy work. Tela, Honduras, 2011

MEN WHO HAVE SEX WITH MEN

ViiV Healthcare's Positive Action Programme supports the Global Forum on MSM and HIV, a constituency-based and driven global network concerned with the health and human rights of men who have sex with men (MSM) around the world. One funded project is the Speaking Out program, a global advocacy and capacity building initiative designed to examine how stigma, discrimination, injustice and violence against MSM and transgender people undermine the HIV response; and to empower MSM and transgender individuals to effectively tackle these complex issues at the local and country levels through advocacy. The program initially developed a global advocacy toolkit that was then translated, adapted and contextualized to meet regional and national needs. Intensive local training curriculums have been adapted to help implement toolkit content, and funding and technical assistance for related advocacy initiatives have been conceptualized during training sessions. The program benefits gay men and other MSM and transgenders in the Middle East and North Africa (MENA region) and Central America, with other funders supporting the project in Vietnam, Cambodia and Kenya. Sixty-five advocates have been trained to date, with another 25 expected by end of 2013.



KEY FINDINGS

Projects with a global aim received the largest part (47% or \$223 million) of all HIV/AIDS disbursements.

Funding with a global aim refers to funding with more of a worldwide reach or target population than a specific national or regional impact. Research grants and other projects of benefit to all populations worldwide are considered 'global' HIV/AIDS funding.

FCAA identified 12 funders out of the top 69 funders that disbursed \$1 million or more to support global AIDS programming in 2012.

TABLE 6 Top U.S. Philanthropic Funders (>\$1 Million) of Global HIV/AIDS Work in 2012
(ranked by amount of global disbursements)

FUNDER NAME	GLOBAL (\$)	% OF TOTAL HIV/AIDS DISBURSEMENTS BY FUNDER
Bill & Melinda Gates Foundation, WA	173,300,000	79%
Philip T. and Susan M. Ragon Institute Foundation, MA	10,000,000	100%
Foundation for the NIH, MD	6,987,491	100%
Open Society Foundations, NY	6,296,672	70%
Abbott and Abbott Fund, IL	4,670,560	24%
Irene Diamond Fund, NY	4,635,000	100%
ViiV Healthcare, NC	2,417,771	15%
H. van Ameringen Foundation, NY	2,339,000	100%
M•A•C AIDS Fund and M•A•C Cosmetics, NY	2,303,614	7%
amfAR, The Foundation for AIDS Research, NY	2,215,686	53%
The Starr Foundation, NY	2,000,000	100%
Ford Foundation, NY	1,830,940	13%

INTENDED USE OF GLOBAL PHILANTHROPIC HIV/AIDS FUNDING



KEY FINDINGS

Research projects received nearly all (\$185 million) of HIV/AIDS funding with a global aim.

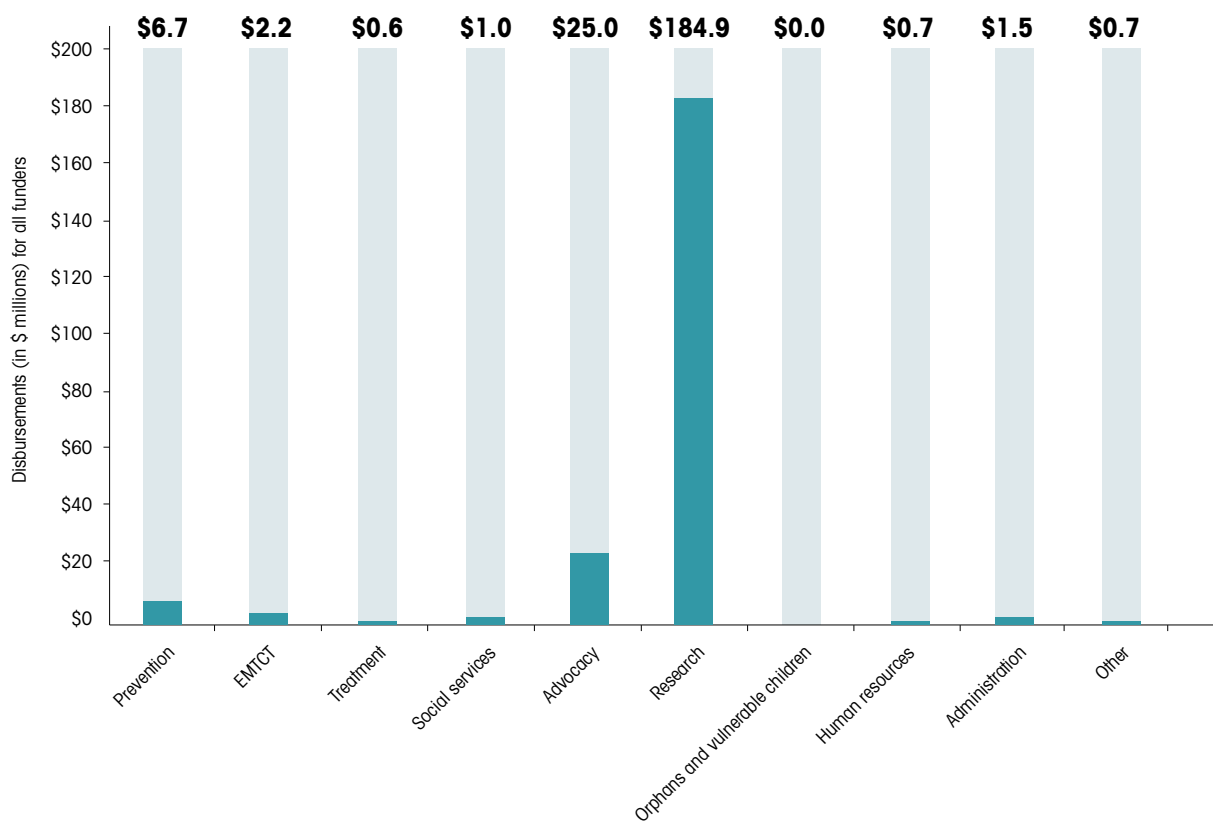
FCAA was able to obtain data on intended use of global HIV/AIDS grants for all 25 of the top U.S. HIV/AIDS funders of global projects in 2012.

New this year: Funding for elimination of mother-to-child transmission of HIV (EMTCT), previously included in the 'prevention' category, was provided its own distinct intended use category in the survey on 2012 funding and in the charts below to better track resources given to this area. It should be noted that some EMTCT programs address primary prevention, treatment, and other categories, but if the sub-categories were part of an EMTCT program, they have been categorized as EMTCT.

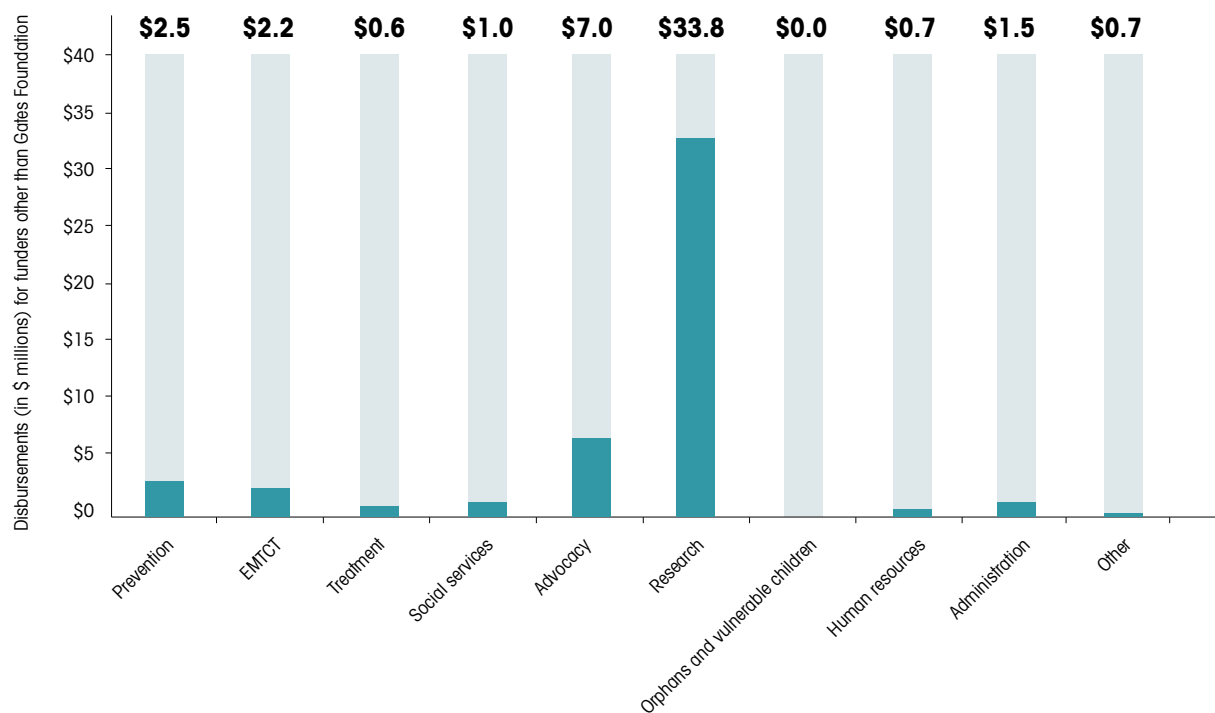
The "other" category for intended use of global funding includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: scholarships, PLHIV Lounge, and other support for the 2012 International AIDS Conference, and funding for other medical conferences.

CHART
17A

Intended Use of U.S. Philanthropic HIV/AIDS Funding for Global in 2012
(All Top Funders)



Global Intended Use- Funders Other Than Gates Foundation

**2011-2012 COMPARISON (ALL FUNDERS)**

Advocacy received \$8.9 million more



Program management and administration received \$9.9 million less

Note: Prevention comparisons 2011-2012 are not available as EMTCT was reported in that category for 2011 (amounts not known) and was made into a new unique category for 2012.

Examples of Funder Support to Global Program Areas

RESEARCH

In 2012 the **Bill & Melinda Gates Foundation** granted a reported \$160 million to support preventative HIV vaccine research and development, making it the second highest funder of HIV vaccine R&D after the National Institutes of Health. The Gates Foundation also funds efforts to develop better diagnostics, safe and effective ARV-based prevention methods including innovative health products to simultaneously prevent unintended pregnancy and sexually transmitted infections, and implementation research around voluntary male medical circumcision. Examples of funded projects include: Support to PATH Drug Solutions to establish the viability, across development stages, of an injectable form of pre exposure prophylaxis (PrEP) as

an intervention for HIV prevention; support to the Centre Hospitalier Universitaire Vaudois in Switzerland to develop improved vaccines against HIV/AIDS for use throughout the world, particularly in high disease burden countries; and support to University College London to model the population level effects of availability of potential new HIV diagnostic technology with defined specifications in order to generate a target product profile for one or more potential new diagnostic tools.

(Source: HIV Vaccine and Microbicide Resource Tracking Working Group. From Research to Reality: Investing in HIV Research in a Changing Landscape. July 2013. Available at: www.hivresourcetracking.org/sites/default/files/Research.to_.Reality.2013.pdf)

ADVOCACY

In the context of the International AIDS Conference 2012 (AIDS 2012), the **Levi Strauss Foundation** held an advocacy summit titled "AIDS Advocacy (2.0)" with 70 HIV/AIDS grantees representing 36 organizations from about 25 countries to explore new strategies to amplify HIV/AIDS advocacy and provide a forum for peer-learning. Participants hailed from grassroots and global organizations working to change laws and policies that affect people living with or vulnerable to HIV/AIDS. Survey data shows that significant value was found in engaging in creative, new ways to power their advocacy—including the use of digital video, communications planning and social media. Levi Strauss Foundation was the only funder at the AIDS2012 to bring together community groups specifically around the theme of advocacy. Following the Summit, a new online platform (<http://www.hivadvocates.net/>) was developed to share lessons from the convening as well as advocacy stories and tools moving forward.



AIDS Advocacy (2.0) Attendees, July 2012, Washington, D.C.

KEY FINDINGS

Medical research teams and projects, women, men who have sex with men, and health care workers were the top target populations of HIV/AIDS funding with a global aim.

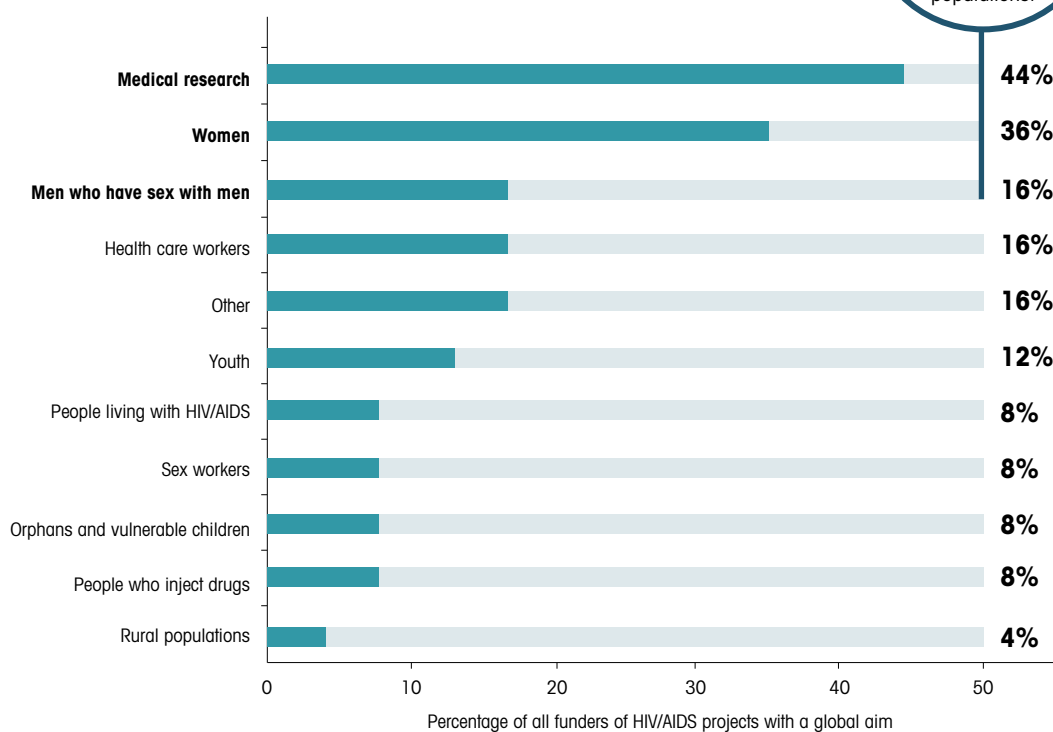
Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their global funding. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 18.)

Funders who supported medical research for potential global benefit reported the research including vaccine research for all populations, research benefiting non-HIV-infected persons in developing nations, technology to support microbicide and HIV treatment research, and research about HIV drugs penetrating the blood-brain barrier.³³

The “other” category for target populations of global funding included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as all target populations, faith-based organizations, HIV/cancer prevention and care, and AIDS2012 conference attendees.

CHART 18 Target Populations of U.S. Philanthropic HIV/AIDS Funding with a Global Aim in 2012 (by percentage of 25 top funders from which target populations data were obtained)

Note: The chart below shows percentages of funders that selected each target population as one of their top three, so does not necessarily show flows of funding to each population.

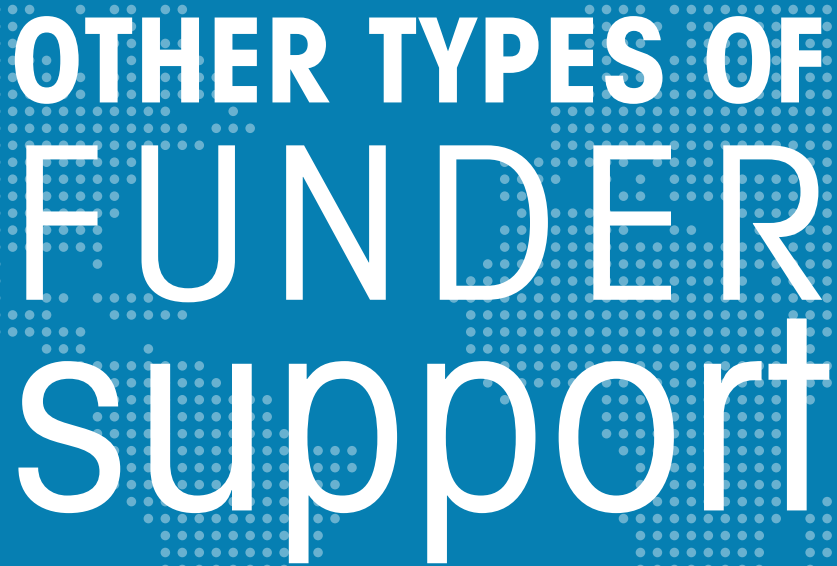


The top 10 funders chose medical research, women, and men who have sex with men as their top three target populations.

2011-2012 COMPARISON

Health care workers rose to the fourth highest target population in 2012 from the fifth highest in 2011, replacing ‘youth’ which was fourth in 2011

³³ For more information about research funding, see the latest report on 2012 research funding by the HIV Vaccines & Microbicides Resource Tracking Working Group, *From Research to Reality: Investing in HIV Prevention Research in a Challenging Landscape*. Available at: www.hivresourcetracking.org/sites/default/files/Research.to_.Reality.2013.pdf



OTHER TYPES OF FUNDER support

- U.S. and European Philanthropic Funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- U.S. and European Philanthropic Funders Addressing EMTCT and The Global Plan
- Integration of HIV/AIDS and Other Issue Areas
- Non-Financial Sources of Support

U.S. AND EUROPEAN PHILANTHROPIC HIV/AIDS FUNDING TO THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Private philanthropic funders have long played an important role for The Global Fund to Fight AIDS, Tuberculosis and Malaria, both in financial contributions, but also in governance, support for advocacy and

pro-bono services and partnerships. The Global Fund reported contributions of approximately **\$182 million** from U.S. and European private philanthropic funders in 2012.

TABLE 7 Global Fund-reported Contributions from U.S. and European Philanthropic and Corporate Donors in 2012
(for all three diseases)

FUNDER NAME	\$	€
Bill & Melinda Gates Foundation, WA	\$150,000,000	€121,805,888
(PRODUCT) RED™ and Partners (American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters)	18,458,225	13,881,310
Chevron Corporation	8,000,000	6,016,314
United Nations Foundation and its donors	3,211,559	2,415,218
Takeda Pharmaceutical	1,141,271	858,281
Anglo American	1,000,000	752,039
Total	\$181,811,055	€136,729,049

Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "Pledges and Contributions." [Excel spreadsheet.]
Available at: www.theglobalfund.org/Documents/core/financial/Core_PledgesContributions_List_en/

Funding for HIV/AIDS through the Global Fund was removed from total disbursements in the report for this year and previous years because it is difficult for funders to accurately determine actual disbursements to the Global Fund each year. The Global Fund accepts

donations as cash and promissory notes, and in the case of the promissory notes, the funding is not necessarily withdrawn for use by the Global Fund the year the grant is disbursed by a funder; instead, it is subject to the Global Fund's decision-making on timing of usage.

Private philanthropic funders making important contributions to the Global Fund include:

- The **Bill & Melinda Gates Foundation** has given more than \$1.4 billion to the Global Fund to date. In 2011, the Gates Foundation gave a \$750 million promissory note to the Global Fund for a period of 19 years. Under the terms of the promissory note, five separate annual contributions of \$150 million are characterized as received for each of the years 2011 through 2015 (while actual payment of these annual contributions of \$150 million per year will commence in 2025). A part or the full amount of the promissory note can be paid earlier, subject to need or certain conditions being met.
- **(PRODUCT)^{RED}** corporate partners offer hundreds of products with product sales going directly to the Global Fund's efforts to eliminate AIDS in Africa, contributing more than \$195 million since 2006.
- **Chevron Corporation** has committed \$55 million to the Global Fund since 2008, which is the highest amount committed by a single corporation, and that support is currently directed to programs dedicated to fighting HIV/AIDS and reducing vertical transmission of HIV.

The Global Fund faces its '**Fourth Replenishment**' in late 2013, with donors meeting to make their pledges for the upcoming 2014-2016 period. In advance of this meeting, the Global Fund released a Results and Impact report, revealing its tremendous progress, including increasing the people receiving antiretroviral therapy through the Fund to 4.2 million currently.³⁴ It also released a Needs Assessment report that estimated that \$87 billion would be needed worldwide to fight AIDS, TB and malaria from 2014 to 2016, with **\$15 billion** of this needed for the Global Fund's programs. If these targets are met, more than 18 million people could receive antiretroviral therapy by 2016, increasing from 8 million on treatment in 2012.³⁵ According to another recent report, "if funding stays static, 3.9 million HIV infections that could have been prevented...will occur in the next two years," adding lifetime costs of those infections at \$47 million.³⁶

³⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Fourth Replenishment (2014-2016): Update on Results and Impact*. April 2013. Available at: www.theglobalfund.org/documents/replenishment/2013/Replenishment_2013NeedsAssessment_Report_en/

³⁵ The Global Fund to Fight AIDS, Tuberculosis and Malaria, press release. "Global Fund Targets \$15 Billion to Effectively Fight AIDS, TB and Malaria." 8 April 2013. Available at: www.theglobalfund.org/en/mediacenter/newsreleases/2013-04-08_Global_Fund_Targets_USD_15_Billion_to_Effectively_Fight_AIDS_TB_and_Malaria/

³⁶ The Civil Society Support to support the Global Fund Network. *COST OF INACTION: A report on how inadequate investment in the Global Fund to Fight AIDS, Tuberculosis and Malaria will affect millions of lives*. September 2013. Available at: <http://icssupport.org/wp-content/uploads/2010/04/COST-OF-INACTION-Sep-12th-2013.pdf>

The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Live (Global Plan)³⁷ was launched at the United Nations High Level Meeting on AIDS in June 2011. Co-chaired by UNAIDS Executive Director Michel Sidibé and the U.S. Global AIDS Coordinator Eric Goosby, the Global Plan aims to chart a new roadmap to achieve the goal of the Global Plan by 2015.

As part of the launch, PEPFAR (The United States President's Emergency Plan for AIDS Relief) announced \$75 million in new funding for The Global Plan, while several leading private funders also committed funding: The **Bill & Melinda Gates Foundation** pledged \$40 million, **Chevron** pledged \$20 million, and **Johnson & Johnson (J&J)** pledged \$15 million. A Global Steering Group oversees the work of the Global Plan, and includes representation from a number of private philanthropies.

Since AIDS2010 in Vienna, **J&J** has also convened annual meetings with leading U.S. and E.U.-based private funders to discuss the successes and challenges in funding the elimination of mother-to-child transmission (EMTCT). In support of these efforts, FCAA added a new qualitative question to this year's survey asking funders if their work supported the Global Plan in 2012. EMTCT was also added as a new category within the intended use survey questions.

In total, 19 U.S. and E.U.-based private funders supported Global Plan efforts in 2012, with a total disbursement of roughly \$29 million.³⁸

A number of funders—including **J&J**, **CIFE**, **Skoll Foundation**, the **Conrad Hilton Foundation**, **ViiV Healthcare**, and **Comic Relief**—partner with and provide support to two key implementers of EMTCT programming: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and mothers2mothers (M2M). These partners have strengthened community health systems, provided individual counseling to pregnant women integrated early childhood development as part of routine clinical care, and tackled HIV-related social stigma and its devastating consequences.

The mission of M2M is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. Through one particularly innovative program known as 'Mentor

Mothers,' the agency identifies new HIV-positive mothers, puts them through a rigorous formal training program, and returns them to clinics and maternity wards as 'Mentor Mothers,' constituting a new tier of healthcare providers, equipped with knowledge and skills to complement the work of often overburdened doctors and nurses professionals. Through group pre-test education, one-to-one interactions and support group sessions, these Mentor Mothers educate pregnant women and new mothers, supporting them daily as they confront decisions that mean the difference between illness and health. Ultimately, through its work, m2m aims to increase the numbers of babies born free of HIV and enable mothers to live long and healthy lives to raise their families. The Mentor Mother model has also been recognized as an integral part of achieving the Global Plan.

Founded in 1988, the Elizabeth Glaser Pediatric AIDS Fund (EGPAF) is the largest implementer of EMTCT programming, working in 15 countries around the world. As just one programming example, in December 2010, EGPAF received an award from **CIFE** to significantly scale up programs and accelerate the elimination of pediatric HIV/AIDS in Zimbabwe. Now in its third year of implementing this \$45 million, five-year agreement, EGPAF is using the revised 2010 WHO guidelines as a catalyst to improve access to critical and proven HIV-prevention methods in Zimbabwe, the partnership is expanding access to more comprehensive EMTCT services nationwide, and optimizing the quality and impact of EMTCT programs to ensure more children are born free of HIV and that HIV-positive mothers are kept alive. Emphasis is being placed on strengthening the capacity and commitment of the existing health system at all levels to ensure an integrated, sustainable and cost-effective approach. The partnership also aims to ensure that the lessons learned from Zimbabwe are used to implement similar programs in other high-burden countries, and to strengthen efforts to eliminate pediatric HIV/AIDS globally. EGPAF also works closely with partners such as **J&J**, and **ViiV Healthcare's Positive Action for Children Fund** to provide technical assistance to community-based organizations, and advocacy efforts to address policy barriers and support the prioritization of pediatric HIV care and treatment policies in EGPAF-supported countries.

³⁷ <http://www.zero-hiv.org/>

³⁸ The total amount to the Global Plan includes funding from funders that classified it in the intended use section of the survey as 'EMTCT'; and funding from the Conrad Hilton Foundation that was classified as funding for orphans and vulnerable children.

The **M·A·C AIDS Fund** (MAF) and EGPAF support Solidarity and Action Against the HIV Infection in India (SAATHII), an India-based NGO with the second largest EMTCT program in the country, behind only the national EMTCT program. In India, over 60% of pregnant women deliver in private health facilities or at home. While the Government of India's EMTCT program focuses on public sector facilities, SAATHII's program addresses the critical gap by providing EMTCT services to women who deliver in private hospitals. Over the past decade, SAATHII has reached over 1.3 million pregnant women with counseling and testing services. MAF's support last year helped SAATHII provide EMTCT services at 928 sites from 112 districts in four states and reach 245,000 women.

A number of private funders also support EMTCT-related efforts that address gender and gender-based violence issues. The **Zonta International Foundation** partners with the United Nations Children's Fund (UNICEF) on EMTCT programs, as well as efforts to respond to domestic and gender-based violence in Rwanda. With the goal to eliminate mother-to-child transmission of HIV in Rwanda by 2015, this partnership focuses on supporting the Government of Rwanda's efforts to expand effective EMTCT strategies, identifying gaps in coverage, and collecting evidence on best practices. The partnership also supports the integration of HIV and EMTCT information into the maternal and child health (MCH) data-monitoring tool to strengthen follow-up with exposed mothers and children. Other key activities include: the development of a district wide strategy to

eliminate pediatric HIV infections by seeking out the most vulnerable and hard-to-reach women; supporting male and female-centered approaches in HIV prevention; and strengthening access to youth-friendly services for adolescents living with HIV. Another key goal of the program is to reduce incidence and lessen the impact of gender-based violence, including the establishment of evidence of the connection between gender-based violence and HIV transmission.

The **Fondation de France** also addresses gender and HIV within their support of EMTCT efforts in Burkina Faso, Cameroon, the Ivory Coast and the Democratic Republic of Congo. These EMTCT programs include a focus on increasing and promoting the male implications in the process, regarding health decisions, testing, and access to treatment for both male and female partners.

Demonstrating the convening power of philanthropy, the **Firelight Foundation** supports EMTCT efforts through its funding of the Coalition for Children Affected by AIDS (CCABA) symposium. CCABA brings funders and technical experts together to advocate for the best policy, research, and programs for children—a vulnerable and often overlooked population. Every two years the Symposium, convened at the International AIDS Conference, serves as the premier event for discussion and learning about research, policy and practice focused on improving the lives of children, including EMTCT-related efforts.

In addition to including EMTCT as an intended use category, FCAA also asked funders to identify the four focus areas and recipient countries of their EMTCT-related work.

CHART
19A

EMTCT Program Area Focus Among U.S. and E.U.-based Philanthropic Funders (by % of funders)³⁹

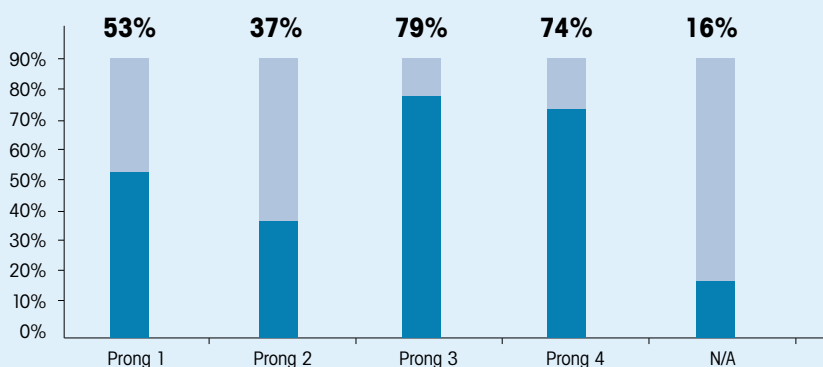
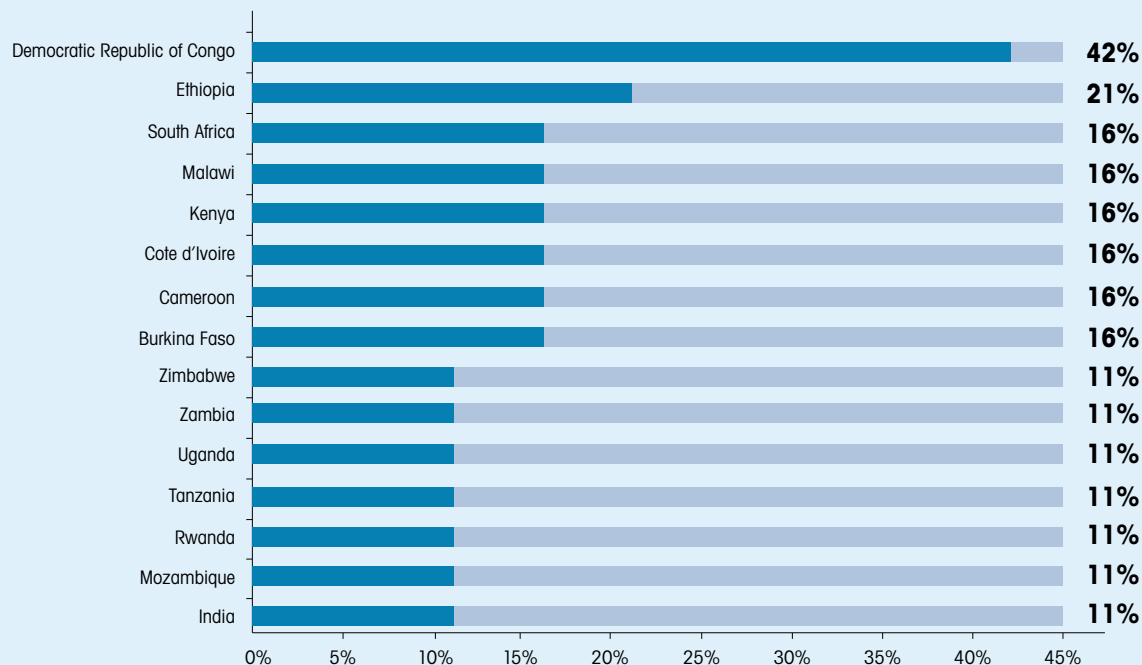


CHART
19B

Top 15 Countries Receiving EMTCT-related Philanthropic Funding (by % of funders)⁴⁰



³⁹ Funders could select more than one prong.

⁴⁰ Total=19 funders; funders selected more than one country

GLOBAL PLAN PROGRAM FRAMEWORK: 4-PRONG STRATEGY

UNAIDS has identified the following four focus areas as part of a comprehensive and strategic approach to the implementation of EMTCT programs.

- Prong 1: **Prevention** of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures
- Prong 2: Providing appropriate counseling and support,

and contraceptives, to women living with HIV to meet their unmet needs for **family planning** and spacing of births, and to optimize health outcomes for these women and their children

- Prong 3: For pregnant women living with HIV, ensuring HIV testing and counseling and access to the antiretroviral drugs needed to **prevent HIV infection from being passed on to their babies** during pregnancy, delivery and breastfeeding
- Prong 4: Providing **HIV care, treatment and support** for women, their children living with HIV, and their families

Over the past several years, we have reported on a trend of increased shifting of funds to areas related to HIV, such as to support programs addressing sexual and reproductive health and rights, chronic hunger and malnutrition, homelessness and housing, LGBT issues, and maternal and child health. In this year's survey we asked funders to identify if their organization supports integrated programs at the intersection of HIV, and further, if they

collaborate with other organizations in doing so. This question generated responses from 28 U.S. and E.U.-based funders—the most of any of the qualitative questions on the survey. More than 90% of these respondents also answered that collaboration with other grantees, other portfolios within their own organization, other public and private funders, universities, and multilateral organizations is often a core component of these projects.

CHART
20

Where Does HIV Most Often Intersect for U.S. and E.U.-Based Private HIV/AIDS Funders?



More than a third of respondents noted food, housing, and social support as a key focus of their integrated approaches. The **M•A•C AIDS Fund** recognizes that PLWHA have complex needs in addition to their HIV and health status, and that having basic needs met, such as food to eat and a roof over one's head, can be linked to better HIV health outcomes including knowledge of HIV status, linkage to care, retention in care, and ability to adhere to medications. To address these complex needs, MAF supports many programs in supportive services (such as housing, food/nutrition, and harm reduction).

More than half of the grantees through **AIDS United's** Southern REACH program do not address HIV as part of their core mission. Instead they are housing organizations, legal services, LGBT-focused or reproductive health organizations that are funded to incorporate HIV advocacy into their work.

The **Conrad Hilton Foundation's** strategy for supporting children with HIV/AIDS emphasizes a holistic approach in which they fund work to integrate early childhood development as part of a holistic package for young children ages 0-5yrs that includes access to clinical

services, nutrition, social protection and ideally, income generation activities. By supporting caregivers of young children to provide age appropriate care and early learning opportunities, the Foundation aims to ensure that these vulnerable young children are able to realize their full potential.

Deutsch AIDS-Stiftung supports the DREAM Program in Mozambique to reduce the chronic hunger and malnutrition of HIV-positive mothers and their children with the aim of giving them the strength to grow up healthy.

STOP AIDS NOW! supports sustainable livelihoods development initiatives as a strategy to prevent HIV infections and diminish the negative consequences for those affected by HIV/AIDS. Related programs include: livelihoods development initiatives for HIV-affected children, their families, and communities in Ethiopia; and support to microfinance institutions in Uganda to be active players in addressing the challenges that HIV/AIDS poses to their clients and staff, as well as to other initiatives that mainstream HIV responses in microfinance initiatives.

Another priority area for funders is the integration of HIV with other disease areas. For the past few years **Bristol-Myers Squibb** has supported integrated programs for HIV/AIDS and tuberculosis (TB), and is currently partnering with the World Health Organization on a collaborative project to strengthen the involvement of non-governmental organizations in community-based TB and HIV care. **Fondation Total** and the **South Africa Development Fund** also both support programs that address HIV/AIDS co-infection with TB and/or TB awareness and prevention. Moving forward, in 2014 **Abbott and Abbott Fund, IL** will also begin to focus on HIV and Hepatitis C co-infection.

A number of community projects that **Gilead** has funded have successfully integrated HIV screening with other health screenings (i.e. diabetes, cholesterol, blood pressure, and sexually transmitted diseases), often through partnerships with hospitals, community health centers,

and other entities that provide primary care for general populations within high prevalence communities. The **Big Lottery Fund** supports projects that integrate HIV issues into maternal and child health programs. The **Elton John AIDS Foundation** and **Kaiser Permanente** also fund programming that addresses the comprehensive health needs of people passing through the correctional system.

Sexual and reproductive health and rights (SRHR) is also a key area of integration for funders. The **Summit Charitable Foundation's** funding of Population Services International/Pan American Social Marketing Association-Honduras's regional adolescent reproductive health and HIV/STI prevention program in Honduras over many years helped to catalyze USAID's support for improving young people's health, including their sexual and reproductive health, including HIV prevention, through the Central American Regional Security Initiative (CARSI) program, and vastly leveraged the population Summit's previous funding had reached.

The **American Jewish World Service** does not have a HIV-focused program area, but applies a sexual rights framework to their grantmaking. That work addresses HIV in multiple ways, including looking at how sexual violence in conflict areas heightens vulnerability to HIV/AIDS, and how criminalizing sex work and LGBTI people further marginalize these communities and limit their access to healthcare.

Integration is also at the core of **Mama Cash's** work, as they support self-led groups that promote the rights of girls, women and transgender people who are on the margins of society and sometimes even marginalized by social movements. Mama Cash provides primarily core support to organizations that work to advance a human rights approach, and their key focus areas include sexual and reproductive rights and health, LBT (lesbian, bisexual and transgender) rights, gender-based violence, economic justice, indigenous rights, and the rights of sex workers. Some groups they support include HIV-related programming in their work, but work from a human rights perspective, and are not primarily service providers.

RESOURCES ON HUMAN RIGHTS & LGBT FUNDING

In June 2013 the **International Human Rights Grantmakers Group (IHRFG)** and the Foundation Center launched “Advancing Human Rights: The State of Global Foundation Grantmaking,” the first-ever data-driven analysis of the landscape of global human rights grantmaking. In addition to the full report, key findings, and a press release, online readers can also download issue-specific funding profiles, and watch video commentary from other funders on the importance of this human rights data. Of particular interest to AIDS-related funders are issue specific profiles on Health and Well-being Rights and Sexual and Reproductive Rights. Learn more: <http://foundationcenter.org/gainknowledge/humanrights/>



For 11 years **Funders for LGBTQ Issues** has conducted an annual assessment of the size and nature of grantmaking by U.S. foundations for lesbian, gay, bisexual, transgender, and queer issues. In addition to identifying the top LGBTQ grantmakers and grantees, the report breaks down and analyzes LGBTQ grantmaking by geographic focus, type of support, population focus, and issue area. The next report, on 2012 grantmaking, is scheduled to be released in late 2013. For more information please visit: <http://www.lgbtfunders.org/>



The data in this report represent financial contributions only from HIV/AIDS funders, in the form of external grants and programs. Such financial contributions can be used to conduct a trend analysis because they are quantifiable as monetary amounts and are measurable in a clear and distinct way. However, many funders contribute in other important ways that are not as easily quantifiable or measurable. Some examples are noted below.

Private operating foundations

Private operating foundations are those that use the bulk of their resources to run their own charitable programs and make few, if any, grants to outside organisations. In some cases, the HIV/AIDS philanthropy reported to FCAA includes the value of programmatic efforts and operational grantmaking, but not operational (internal) staff or other costs.

The Henry J. Kaiser Family Foundation is one example of a U.S.-based private operating foundation that is not able to identify and report HIV/AIDS-specific funding because its HIV-related activities that are increasingly integrated throughout its programs across the entire foundation. Though the foundation is usually one of the top 10 funders in terms of highest annual disbursements, it is not possible to separately identify and report the level of foundation resources dedicated specifically to HIV/AIDS. It should be noted that the foundation has maintained its commitment and amount of resources dedicated to HIV/AIDS both domestically and globally, and is a leader in providing resources to support its own HIV/AIDS policy, media and communications programs. The Kaiser Daily HIV/AIDS report, HIV/AIDS fact sheets, polls, and analysis and research on policies and funding have served an invaluable role as leading sources of information for the field. The foundation also uses media to reach at-risk populations (as part of the Global Media Initiative), and aims to facilitate creative partnerships between advocates and policymakers to build capacity in HIV-affected communities.

Corporate programs

Several corporations that operate HIV/AIDS programs are not willing or able to report those programs financially. In some cases, corporations do not centrally or specifically track HIV/AIDS expenditures and therefore reporting is not feasible. Also, many corporations with branch facilities in areas highly affected by HIV (such as in sub-Saharan Africa) support workplace programs that provide HIV/AIDS services to employees, sometimes extending

those services to employees' families or all community members. Those HIV/AIDS-specific services are usually offered with other health services at a corporate facility's on-site clinic. As such, quantifying the monetary value of specific HIV/AIDS services for a corporation with facilities in several countries is very difficult and is usually not available.

In addition, other forms of support—such as volunteer efforts by corporate employees, matching donations programs, in-kind donations, cause-related marketing, and donations of technical assistance—are not always able to be valued monetarily or tracked as such. They are nonetheless valuable resources offered by corporations, especially those that can leverage other investments or build the capacity of communities to operate their own programs and services.

GBCHHealth provides a membership directory of corporations that are involved in health funding, focusing on the areas of HIV/AIDS, malaria, tuberculosis, and non-communicable diseases. Available at: www.gbchealth.org/our-coalition/member-directory/

Other sources of support

Research institutions, hospitals, clinics, counselling centres, churches, homeless shelters, community health programs, private individual donors, and anonymous donors all represent other sources of HIV/AIDS funding, goods, and services that are difficult to identify and/or quantify. Even so, their contributions are highly valuable.

See Appendix A for a list of organizations likely to fund important HIV/AIDS programs that either were not able to participate or be included in this report, including foundations, corporations, NGOs, and faith-based organizations.

In-kind donations

FCAA offers funders the option of reporting donations of goods and services that are not or cannot be valued monetarily. Some reported examples are noted below, illustrating the diversity of support.

U.S.-based funders:

- *Abbott*: Determine Test Kit Donations (\$1,825,000) as part of the PMTCT Donation Program; product donations including antibiotics, other pharmaceuticals, and nutritionals in Romania to support those infected with HIV/AIDS (\$155,709); lab equipment and supplies in Tanzania to support children affected by AIDS (\$304,424)

- *American Jewish World Service*: AJWS provides in-kind donations through international volunteers placed at organizations addressing HIV/AIDS.
- *Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co.*: The total value of non-product related HIV/AIDS in-kind donations was approximately \$105,000 in 2012.
- *Firelight Foundation*: Sends out a weekly newsletter called the Newsflash to nearly 900 subscribers. The Newsflash contains resources and funding opportunities targeted to Africa-based community organizations.
- *The Health Foundation of Greater Indianapolis*: Website support for agencies to help fundraise
- *Johnson & Johnson*: J&J's Global Strategic Design Office (graphic design) co-created a Quick Reference Guide for use in healthcare clinics in South Africa and Swaziland.
- *M•A•C AIDS Fund and M•A•C Cosmetics*: "Good Spirits" is M•A•C's ongoing skills-based volunteer program. M•A•C artists volunteer their time to teach men and women living with HIV/AIDS simple makeup techniques and help them enhance their appearance and minimize problems resulting from the illness or medication regimens. The World AIDS Day Global Volunteer Initiative has become part of the core commitment of the M•A•C staff each year. Employees around the world volunteer with local grantees during the week of World AIDS Day. In 2012, M•A•C had over 2,500 employees volunteer in over 300 projects in 37 countries.
- *Merck*: Donations of the medications Stocrin, Atripla and Isentress (\$29,053,211), and donations of Crixivan and Isentress through the Patient Assistance Program (\$16,000,000)
- *MTV Staying Alive Foundation (US)*: Media materials, including DVDs
- *San Francisco AIDS Foundation*: Staff time related to the processing of gifts for grantees; cost of credit card processing fees for AIDS Walk related grants (around 10% or about \$45,000)

European-based funders:

- *MTV Staying Alive Foundation (US)*: DVDs of MTV Staying Alive produced programs (raising awareness and educating on HIV and AIDS).
- *Sidaction*: 450,000 condoms, three surgical aspirators, 200 syringes, 400 needles, 600 tubes of lubricant

Technical assistance

Technical Assistance (TA) is the transfer of expert knowledge, such as professional advice and training, from a grantmaker to a grantee, and serves an important function in building organizational capacity and sustainability. FCAA asked funders if they had done any TA in 2012 as part of their HIV/AIDS grantmaking, and if possible, to provide a financial value.

U.S.-based funders:

- *Abbott*: Lab mentors from Abbott Diagnostics Division train local Tanzanian staff, improve capacity and morale and get new laboratories operational (\$15,000)
- *AIDS Foundation of Chicago*: AFC provides a wide range of technical assistance to service provider agencies funded through a number of our designated grantmaking programs. In addition to funding, we provide many of our privately funded agencies with ongoing trainings, assistance with data collection and evaluation, and support with collaboration and partnerships.
- *AIDS Funding Collaborative*: Routinely provides educational forums to the community on relevant topics; in 2012 provided an HIV 101 training to professionals working with formerly incarcerated individuals.
- *AIDS United*: Technical assistance is a mandatory component of all of the work at AIDS United. TA was provided to grantees in the GENERATIONS, Southern REACH, and Access to Care initiatives.
- *American Jewish World Service*: AJWS provides technical assistance through international volunteers placed at grantee partners, as well as through in-country consultants that provide assistance in the areas of organizational development, resource mobilization and networking.
- *amfAR*: amfAR's GMT Initiative supports capacity-building assistance to its community award recipients (partners) utilizing a mentoring model. After a thorough assessment, tailored technical assistance programs are developed and implemented by local "mentors" who help build the technical or organizational capacity of the community award partners through ongoing activities over a four to six month period. In calendar year 2012, \$147,000 was disbursed to the mentors providing this assistance.
- *Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co.*: BMS continued its Technical Assistance Program by providing support to organizations, governments and communities in Africa on governance, financial management, food security and

income-generating activities through deployment of approximately 40 faculty working with community based organizations.

- *Community Foundation for Greater Atlanta*: Classes, conferences, and management consulting services for staff of seven different AIDS service organizations, including strategic planning, board development, and financial analysis (total value: \$28,281)
- *Firelight Foundation*: In-country program consultants are hired to provide one-on-one capacity building for grantees in areas of organizational management and program strengthening.
- *The Health Foundation of Greater Indianapolis*: THFGI offers technical assistance following attendance at national conferences.
- *Kaiser Permanente*: Provided evaluation design, data collection, reporting
- *MTV Staying Alive Foundation US*: Provided a 10-day capacity building course for all our first year grantees, as well as an e-course to all our other grantees, and organized a new four-day training for a small selection of grantees. The total value in 2012 was \$300,170.
- *Robin Hood Foundation*: Provided pro bono legal support for a merger
- *San Francisco AIDS Foundation*: Staff were available to meet with grantees to discuss the Foundation's process and offer help and suggestions, and special events were coordinated to meet with grantees.
- *ViiV Healthcare*: Provided TA to Positive Action Children's Fund Small Grant Recipients as part of their EMTCT programming with approximate value of \$536,000.

European-based funders:

- *AVERT*: AVERT's Programme & Information Manager holds regular discussions with each partner, during which her expertise and advice is passed on. Further, she was able to visit each project, during which time in-depth discussions are held around development, strengthening, monitoring and evaluation, etc., as part of her brief, which focuses on the development of the partners.
- *Big Lottery Fund*: Grants are offered to cover ten days consultancy to develop organizational effectiveness (e.g. financial planning and evaluation) to applicants who are successful in Stage 1 of the application process.
- *Egmont Trust*: Promotion of innovative, locally driven, inspirational activities that improve the lives of people affected by AIDS in Africa. Encouragement of lateral learning and evaluation systems to build expertise from within.
- *Fondation de France*: Technical assistance is provided through e-mails, telephone, or during field missions (mostly for monitoring and evaluation). In 2012, technical assistance was provided in Benin and Cameroon for the benefit of the partners.
- *Mama Cash*: Mama Cash and the Red Umbrella Fund provide ongoing support to groups in the form of planning and budgeting advice, opportunities for networking (such as organizing learning meetings or supporting travel to major international events such as AWID), and also provides opportunities for groups to profile themselves and meet other donors (such as co-chairing panels and seminars with them at donor meetings).
- *Monument Trust*: All grantees receive technical assistance if needed from the office or via appointed consultants.
- *MTV Staying Alive Foundation UK*: Most of the grantees attended a capacity building workshop as well as e-courses, while some will receive training in 2013. The value is approximately £33,000.
- *Sidaction*: Besides the financial support to HIV/AIDS organizations based in Asia, Eastern Europe and Africa, Sidaction provided technical assistance to these organizations in 2012. Capacity building activities are proposed in five main areas: drugs supply and management for community pharmacies, HIV/AIDS pediatric care (medical and psychosocial care), proctology consultations and STI treatment (within a project dedicated to men who have sex with men), financial and human resources management, and pedagogical engineering. This technical assistance is provided through training sessions gathering professional teams of the organizations supported by Sidaction (from one or several countries at the same time) or through field visits carried out by a Sidaction resource person/expert. Most of these activities are included in specific capacity building programs co-funded by the French Development Agency. Approximate value: 1,614,974 euros.



EUROPEAN PHILANTHROPIC support

Among E.U.-based funders, total disbursements reached €111 million (\$147 million) in 2012. Over half (57%) of all funding in 2012 was directed to projects in specific countries and regions outside of the Western and Central Europe region (€66 million, or \$87 million). About a third of all funding (€35 million, or \$46 million) went to projects benefiting a global population, while €13 million (\$17 million), or 11% of all funding, was expended on HIV/AIDS efforts benefiting countries in Western and Central Europe. This section will provide additional detail about the top European funders, disbursements over time, and giving to specific target populations, program areas (intended use) and geographic areas.



KEY FINDINGS

Total funding in 2012: HIV/AIDS disbursements from 38 European-based philanthropies totaled **€111 million (\$147 million)** in 2012, supporting some 3,833 HIV/AIDS-related projects and grants.^{41,42}

FCAA asked European-based funders about their total funding commitments in 2012, in addition to their actual disbursements. Commitments data can be useful for helping to gauge current and future outlays. (Disbursements are the amount of funding expended on grants/projects in a given year and may include funding from commitments made in prior years as well as in the current year. Commitments are funding pledged for grants/projects in a given year, whether or not the funds were paid out in that year. For some funders,

commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual expenditures in a year.)

TABLE 8 European Philanthropic HIV/AIDS Funders in 2012 (ranked by amount of disbursements)

↑ Increased funding in 2012 compared to 2011

FUNDER NAME	DISBURSEMENTS		COMMITMENTS	
	€	\$	€	\$
↑ 1. Wellcome Trust ⁴³	21,752,577	28,924,790	6,933,566	9,219,686
2. Children's Investment Fund Foundation, UK	13,962,229	18,565,825	8,902,056	11,837,223
↑ 3. ViiV Healthcare ⁴⁴	12,251,590	16,291,158	12,251,590	16,291,158
4. Sidaction	11,159,623	14,839,150	9,658,051	12,842,483
5. Elton John AIDS Foundation, UK	9,084,234	12,079,468	9,753,980	12,970,041
6. Comic Relief	6,381,673	7,375,206	1,703,217	2,264,798
↑ 7. STOP AIDS NOW!	5,406,000	7,188,455	3,812,000	5,068,884
8. Aids Fonds	5,122,000	6,810,815	6,424,000	8,542,107
9. The Monument Trust	3,447,745	4,584,528	1,964,665	2,612,450
10. Big Lottery Fund	2,786,979	3,705,896	2,786,979	3,705,896
↑ 11. Deutsche Stiftung Weltbevölkerung (DSW)	2,707,276	3,599,913	2,594,250	3,449,620
↑ 12. FXB International (Fondation Francois-Xavier Bagnoud)	2,565,907	3,411,932	2,934,784	3,902,434
13. Verein AIDS Life	1,891,000	2,514,496	2,183,554	2,903,511
14. Nationale Postcode Loterij (Dutch Postcode Lottery)	1,850,000	2,459,978	1,850,000	2,459,978
15. VriendenLoterij (Dutch Friends Lottery)	1,772,179	2,048,081	1,772,179	2,356,498
↑ 16. Oak Foundation	1,612,811	2,144,583	4,073,569	5,416,697
17. Intesa Sanpaulo SpA	1,479,674	1,967,549	1,479,674	1,967,549
18. Foundation "la Caixa"	1,307,041	1,737,996	1,307,041	1,737,996
19. Deutsche AIDS-Stiftung	1,123,032	1,493,316	1,308,032	1,739,313
20. Fondation Total	981,000	1,304,453	538,000	715,388

⁴¹ Funders reported expenditures in various currencies, including euros, U.S. dollars, British pounds, and Swiss francs. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 6 August 2013: 1 euro = 1.32971783 U.S. dollars, 1 euro = 0.8652874003 pounds, and 1 euro = 1.2319437820 Swiss francs.

⁴² Because this report focuses on capturing relatively specific data on resources provided by the private

philanthropy sector only, funders completing the survey were asked to exclude income received from any government sources and subsequently re-granted. (Government resource flows are tracked elsewhere; see, for example, www.kff.org/hivaids/7347.cfm for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.)

⁴³ The 2012 total to HIV/AIDS for the Wellcome Trust includes an estimated proportion of

HIV/AIDS research within Wellcome's major overseas programs (roughly 1.9m GBP.)

⁴⁴ ViiV Healthcare is a global specialist HIV company focused on delivering advances in treatment and care for people living with HIV. The company is headquartered in both the United States and the United Kingdom, hence the grantmaking is global in nature. As such, the 2012 total for ViiV Healthcare appears in both the U.S. and European sections of this report.

TABLE 8 European Philanthropic HIV/AIDS Funders in 2012
(continued)

FUNDER NAME	DISBURSEMENTS		COMMITMENTS	
	€	\$	€	\$
21. Fondation de France	819,538	1,089,754	1,138,084	1,513,331
↑ 22. Cecily's Fund	715,425	951,313	715,425	951,313
23. HOPEHIV ⁴⁵	636,513	846,383	636,513	846,383
24. The Diana, Princess of Wales Memorial Fund ⁴⁶	634,528	843,743	0	0
25. Egmont Trust	508,863	676,645	451,264	600,054
26. King Baudouin Foundation	456,482	606,992	276,950	368,265
27. Fondazione Cariplo	416,449	553,760	416,449	553,760
28. Fondation Mérieux	409,249	544,186	409,249	544,186
29. Sigrid Rausing Trust ⁴⁷	404,490	537,857	404,490	537,857
↑ 30. Mama Cash	332,500	442,131	40,000	53,189
31. One to One Children's Fund	231,137	307,347	231,137	307,347
32. Aga Khan Foundation	201,073	267,371	225,612	300,000
33. Aids & Child	177,410	235,905	177,410	235,905
34. Barry & Martin's Trust	129,260	171,879	129,260	171,879
35. AVERT	91,081	121,112	91,081	121,112
36. Boehringer Ingelheim	82,000	109,037	82,000	109,037
↑ 37. MTV Staying Alive UK ⁴⁸	71,932	95,649	122,423	162,788
38. GlaxoSmithKline ⁴⁹	44,739	59,490	44,739	59,490
Total 2012 European Philanthropic HIV/AIDS Disbursements⁵⁰	€110,788,041	\$147,316,834		
Total 2012 European Philanthropic HIV/AIDS Commitments			€89,823,272	\$119,439,606

(To view previous years' HIV/AIDS grantmaking totals for individual funders [2007-2011], please visit www.fcaids.org/resource/tracking)

Note on missing data: A significant majority of European private philanthropic funding on HIV/AIDS in 2012 has been captured in the available data. However, FCAA was unable to obtain funding data from some funders, and they are therefore not included in this report. Among them are:

- **Anglo American**, which made \$967,229 (€673,982) in grants to HIV/AIDS in 2009.
- **Swedish Postcode Foundation**, which made 2,000,000 SEK (€242,778) in grants to HIV/AIDS in 2011.
- **Rush Foundation**, founded in September 2010 to provide immediate support for innovative ideas addressing HIV/AIDS and its consequences.

⁴⁵ The funding information for HOPEHIV pertains to its 2012 fiscal year, which runs from July 2011 through June 2012. Though FCAA asks funders for funding information from the previous calendar year (in this case, January through December 2012), the HOPEHIV 2012 fiscal year financial data was the only available data at the time of publication of this report.

⁴⁶ At the end of 2012 and the beginning of 2013, as part of its closing process (see p 76), the Diana Fund granted 3,575,000 GBP to 56 long-term partner organizations as legacy grants. Many of the recipient organizations run HIV/AIDS-related programs. Unfortunately financial information is not available for the amounts received by the

partner organizations working on HIV/AIDS-related programs. If these grants were included, the 2012 total would be higher.

⁴⁷ The total for the Sigrid Rausing Trust in 2012 is based on commitments made in 2012, rather than disbursements, as disbursements were not available.

⁴⁸ The Staying Alive Foundation, based in the U.S. and the U.K., operated in the U.K. as a registered charity for the first time in 2011. The U.K. program is similar to that of the U.S., but currently at a smaller scale. Both programs are included in this report, with the U.S. program in the U.S. section and the separate U.K. program in the E.U. section.

⁴⁹ Figures for GlaxoSmithKline (GSK) do not include funding from ViiV Healthcare, which is reported

separately. In addition, data were not available either in English or otherwise on the GSK website for patient group funding grants for the following countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, and Switzerland. It is estimated that this missing data would not exceed €500,000, however, as patient groups are a relatively small grants program for GSK.

⁵⁰ To avoid double-counting of funds, the 2012 disbursements total reflects a reduction of €4,219,197 (\$5,610,342) to correct for re-granting of funds from one European funder to another.



KEY FINDINGS

Funding decreasing steadily since 2009 high point:

Among European-based funders for which FCAA has six years of comparable data (2007-2012), HIV/AIDS disbursements hit the highest point at €100 million (\$134 million) in 2009, and have been decreasing slightly ever since, totaling €84 million (\$94 million) in 2012.

Decrease from 2011 to 2012 among majority of funders:

Total 2012 disbursements fell by 6%, or €7 million (\$10 million), among the 36 of 38 funders for which FCAA has two years of comparable funding data (2011 and 2012). While several of these funders indicated that the decreases were due to yearly fluctuations in grantmaking cycles or a strategy review

process and not a shift away from funding HIV/AIDS, one funder closed in 2012, and several funders reported multi-year HIV/AIDS projects ending in 2012.

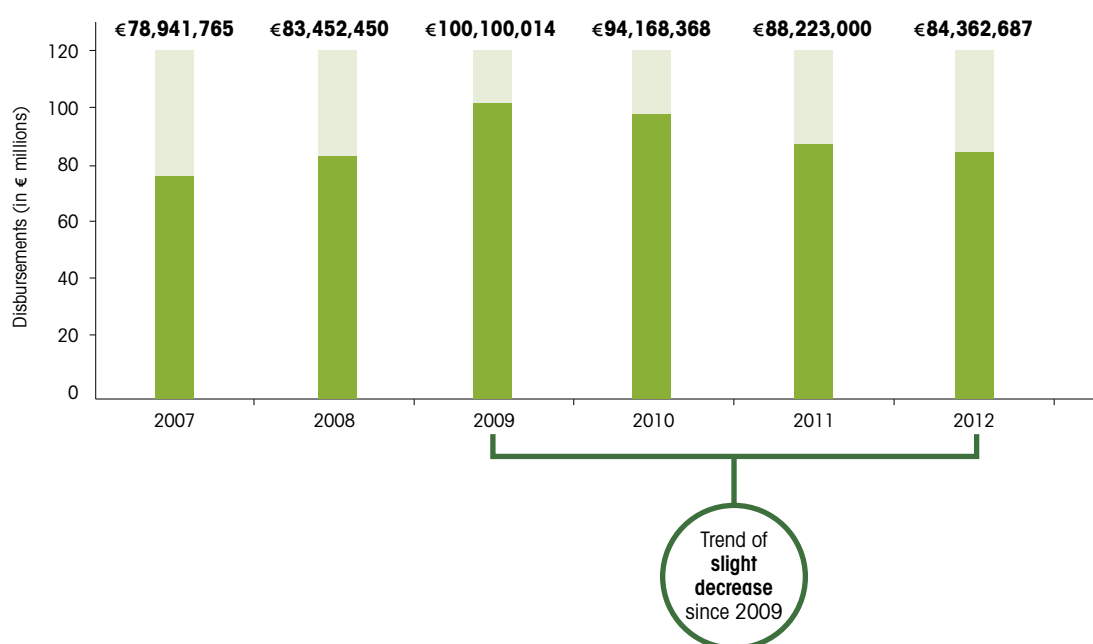
Commitments at lowest point yet: Commitments made in 2012 (for both the 2012 grant year and multi-year grants over future years) amounted to €90 million (\$119 million) in 2012, a 24% decrease from €118 million (\$157 million) in 2011, and the lowest commitments total since data collection began in 2007. Commitments of multi-year grants can help predict future outlays of funding, and the decrease in 2012 may indicate lower funding in the future.

For the 21 of 38 funders for which FCAA has six years of comparable disbursements data (2007-2012), total funding disbursements in 2012 were higher than 2007—but by only

about €5.4 million (\$7.2 million), or 7%.⁵¹ Among these funders, HIV/AIDS disbursements hit a high point in 2009 and have been decreasing slightly ever since.

CHART
21A

European Philanthropic HIV/AIDS Disbursements 2007-2012 Disbursements Comparison
(includes only funders which six years of data are available, 21 of 38 funders)



⁵¹ Totals for 2007-2011 were recalculated for the set of funders for which six years of data were available using the same exchange rates as were used throughout this report.

Comparing 2011 to 2012, HIV/AIDS funding from European philanthropies decreased 7%.

CHART 21B European Funders 2011-2012 Disbursements Comparison⁵²
(for 36 of 38 funders which two years of data are available)

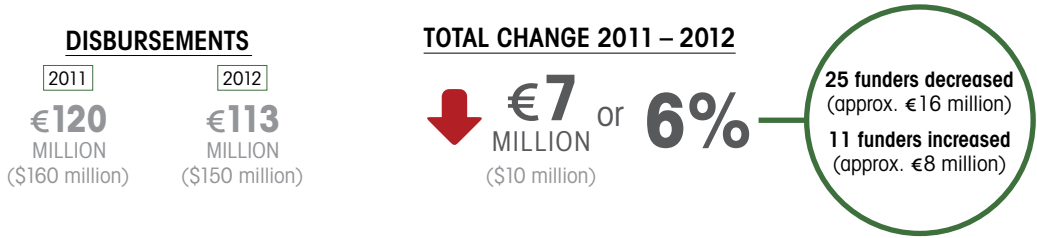


CHART 22 Total HIV/AIDS Philanthropic Commitments by European Funders 2007-2012⁵³



⁵² Totals for 2011 were recalculated for the set of funders for which both 2011 and 2012 data were available, using the same exchange rates as were used throughout this report.

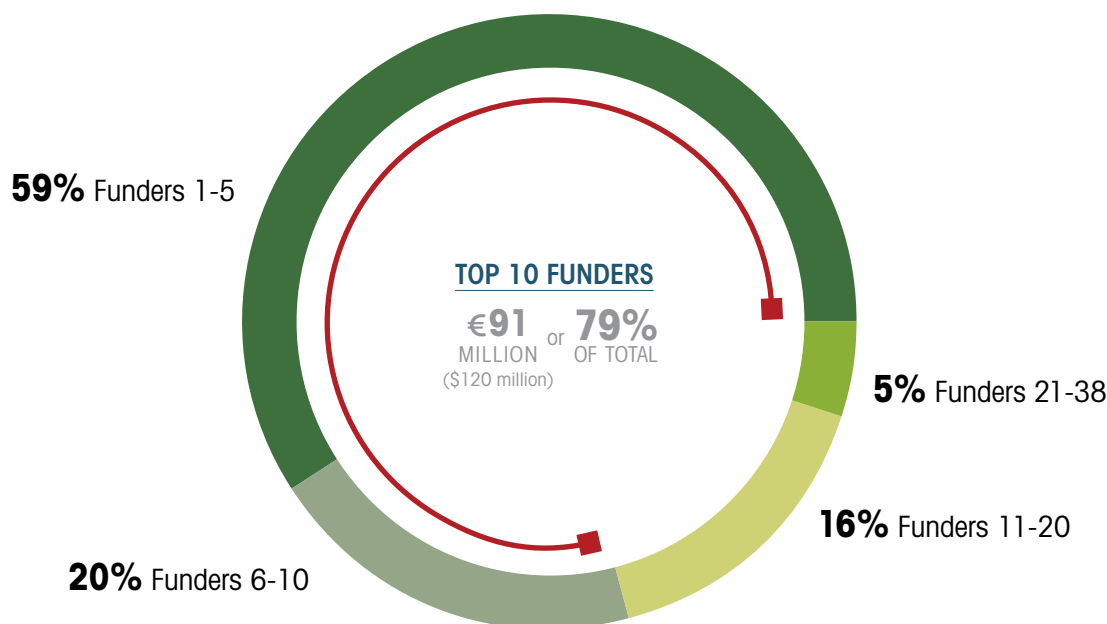
⁵³ All commitments data available for all funders is included in the chart for each year. Totals for 2007-2011 were recalculated using the same exchange rates as were used throughout this report.



KEY FINDINGS

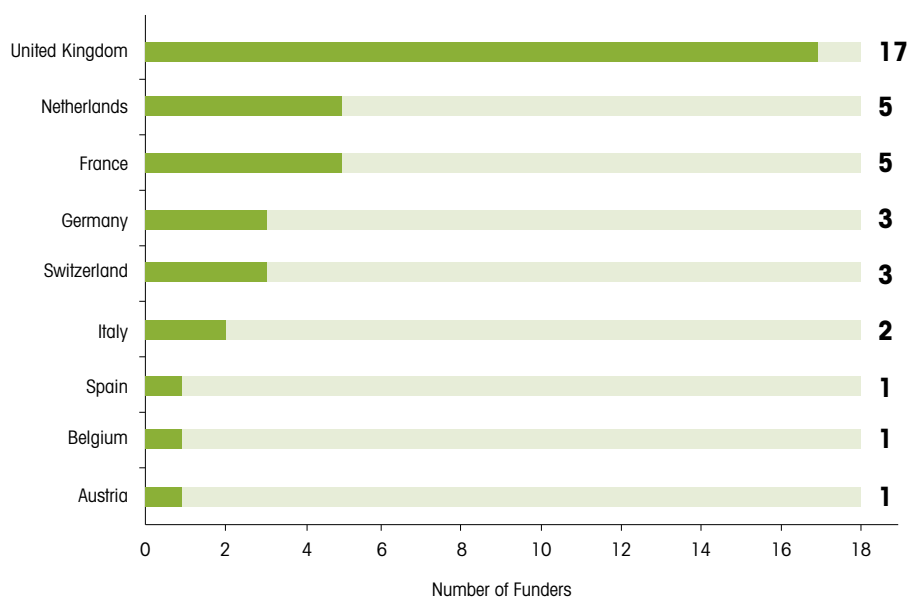
Funding remains highly concentrated among top 10: The top 10 funders accounted for 79% (€91 million, or \$121 million) of all disbursements in 2012.

CHART 23 Distribution of Disbursements by European Philanthropic HIV/AIDS Funders in 2012 (by percentage of total disbursements)



Just under half of the funders profiled (17 of 38), including seven of the top 10 funders, had main offices in the United Kingdom.

CHART 24 Distribution of European Philanthropic HIV/AIDS Funders by Home Country



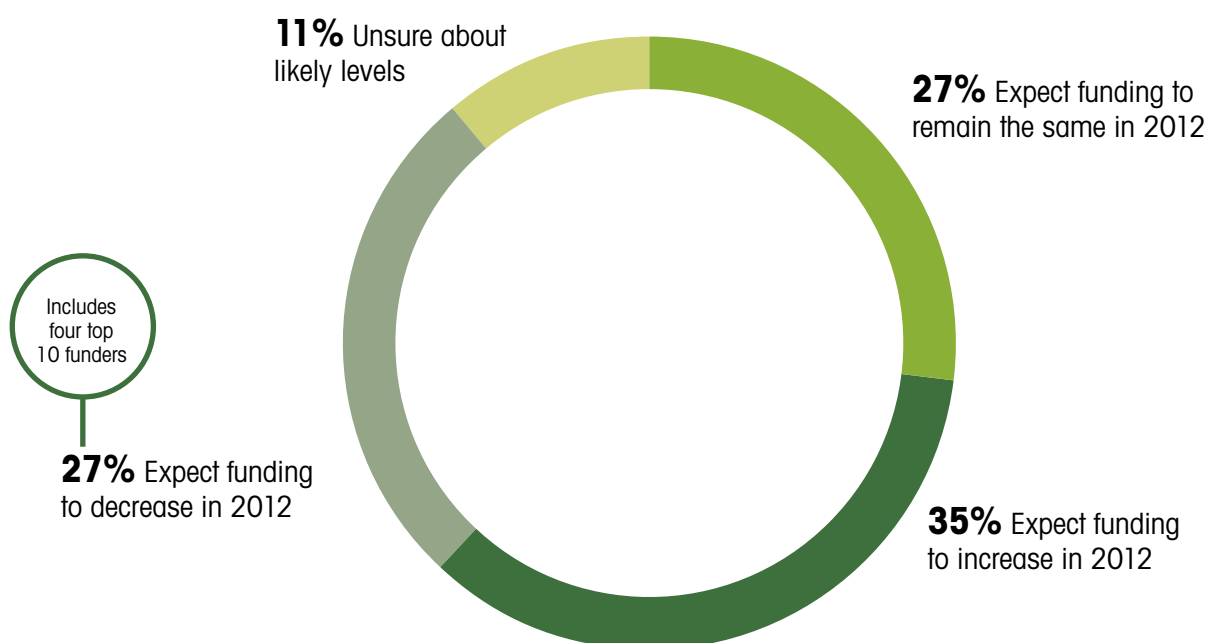


KEY FINDINGS

2013 forecasted to remain the same or slightly lower: Funders that answered this question (26 of 37) anticipate 2013 grantmaking to increase, stay the same, and decrease in roughly equal amounts. Most of the top 10 funders, however, predict their 2013 funding will decrease or stay the same, so total funding in 2013 is likely to reflect that decrease.

One long-time funder closed at the end of 2012: The Diana, Princess of Wales Memorial Fund, which gave over £11.2 million to HIV/AIDS since its beginning in 1997 largely through the Palliative Care Initiative, closed at the end of 2012 as planned in its 2007 strategy.

CHART 25 Forecast of 2013 European Philanthropic HIV/AIDS Funding⁵⁴
(by percentage of funders responding)



The Diana, Princess of Wales Memorial Fund closed at the end of December 2012 after fifteen years of operation addressing humanitarian causes that the Princess had supported during her lifetime. The Fund began shortly after the death of Princess Diana in 1997 with public donations and sales of Sir Elton John's tribute CD, raising additional funds from investments and commercial partnerships. By time of the strategically planned closure in 2012, the Fund had given over £112 million to various

charitable causes, including over £11.2 million to HIV/AIDS. Most of the HIV/AIDS support was part of the Palliative Care Initiative, established in 2000 and working in seven sub-Saharan African countries heavily impacted by HIV/AIDS. The Initiative aimed to reduce the suffering of adults and children living with AIDS, working to ensure that palliative care, such as pain relief, was fully integrated into policies, treatment and care of people with AIDS.

⁵⁴ It should be noted that it is difficult for funders to accurately forecast changes in grantmaking, and that this is a general conclusion about funding in 2013. Less than half of the individual funder predictions for 2012 funding from the previous year's survey on 2011 funding turned out to be correct (10 of 24 responses, including just two of the seven top 10 funders that provided forecasts). The overall prediction that funding would remain the same in 2012 as 2011 was not entirely true. Funding decreased 7% from 2011 to 2012.



KEY FINDINGS

Majority of funding directed to countries or regions outside of Western and Central Europe, or projects with a global aim targeting a worldwide population: Over half (57%) of all funding in 2012⁵⁵ was directed to projects in specific countries and regions outside of the Western and Central Europe region (€66 million, or \$87 million). About a third of all funding (€35 million, or \$46 million) went to projects benefiting a global population, while €13 million (\$17 million), or 11% of all funding in 2012, was expended on HIV/AIDS efforts benefiting countries in Western and Central Europe.

CHART
26

2012 European Philanthropic HIV/AIDS Funding by Geographic Focus
(by percentage of total disbursements)

€65,524,141

For specific countries and regions
outside Western & Central Europe

€2,212,081

Unspecified

€12,573,126

For Western &
Central Europe

€34,697,890

For projects of global benefit

2011-2012 COMPARISON



Funding for specific countries and
regions outside Western & Central
Europe decreased €9 million

⁵⁵ Re-granted funds could not be removed for geographical analysis, so the “all funders” total used for Chart 20 was €114,878,305, which includes funds re-granted from other funders.

FCAA identified four European-based funders that expended €1 million or more to HIV/AIDS issues within Western and Central European countries in 2012.

TABLE 9 European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Western and Central European (WCE) Countries in 2012

FUNDER NAME	FUNDING TO WCE COUNTRIES		PERCENT OF TOTAL GIVING
	€	\$	
Sidaction	3,898,445	5,183,832	35%
Aids Fonds	3,009,500	4,001,786	59%
The Monument Trust	2,821,363	3,751,617	82%
Elton John AIDS Foundation, UK	1,766,176	2,348,516	19%

FCAA identified five European-based funders out that expended €1 million or more to support HIV/AIDS issues of benefit to a worldwide population in 2012.

TABLE 10 European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Work with a Global Aim in 2012

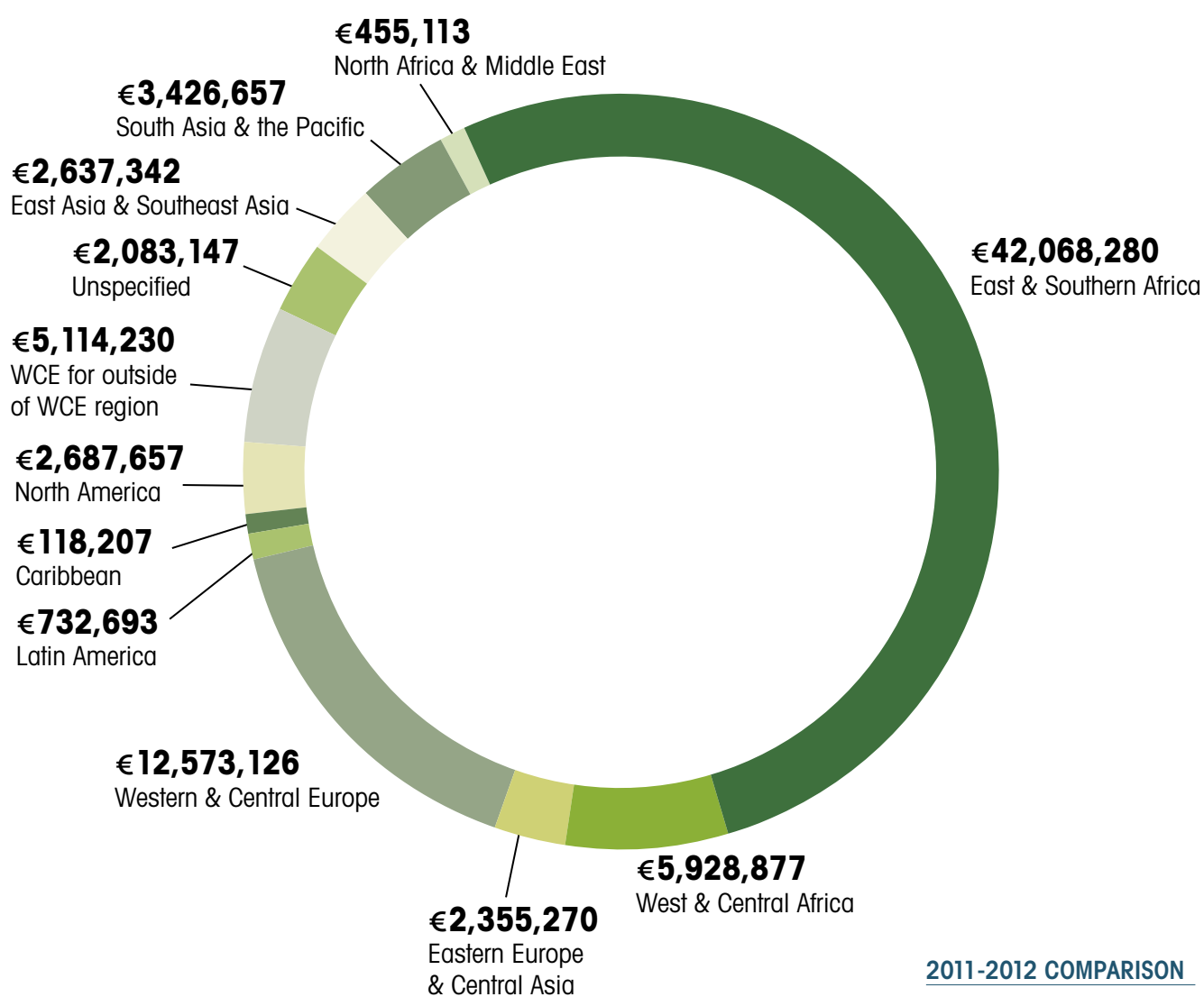
FUNDER NAME	FUNDING WITH A GLOBAL AIM		PERCENT OF TOTAL GIVING
	€	\$	
Wellcome Trust	21,752,577	28,924,790	100%
Sidaction	4,274,188	5,683,464	38%
Children's Investment Fund Foundation, UK	2,781,093	3,698,069	20%
ViiV Healthcare	1,845,782	2,454,369	15%
Foundation "la Caixa"	1,307,041	1,737,996	100%

KEY FINDINGS

The largest regional recipient of European HIV/AIDS philanthropic funding for countries or regions in 2012 was **East and Southern Africa** (€42 million, or \$56 million), followed by **Western and Central Europe** (€13 million, or \$17 million).

CHART
27

Geographical Distribution of National and Regional European Philanthropic HIV/AIDS Funding in 2012⁵⁶



2011-2012 COMPARISON



Nearly every region experienced a drop of about 10-20%.

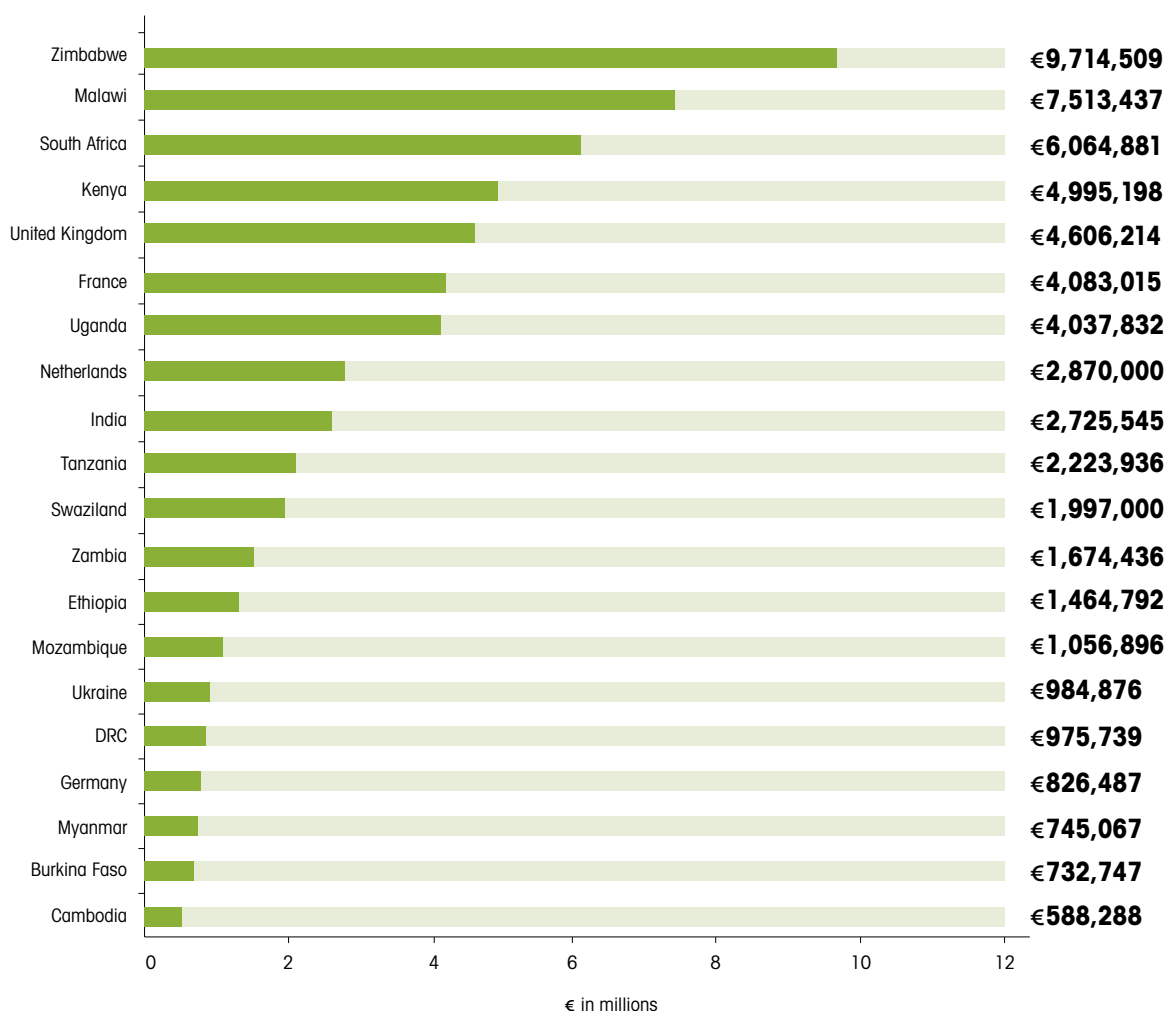
⁵⁶ The category "WCE for outside of WCE region" describes grants made to organizations with their main offices in Western and Central European countries, for work that benefits countries outside of that region (such as Africa or Asia). If they were able, funders provided the end recipient countries of those grants (and those countries were considered the recipients for the purposes of this chart). However, not all funders know where a grant to a Western or Central European organization working globally will end up being expended—hence the need for this category, which represented 6% of funding, or €5 million, in 2012.

The chart below shows the top 20 countries in which European philanthropies supported HIV/AIDS projects in 2012 as well as the total amounts provided per country.

The majority of the 20 countries are either in East and Southern Africa or Western and Central Europe.

CHART
28

Top 20 Countries by Expenditure of European Philanthropic HIV/AIDS Funding in 2012



2011-2012 COMPARISON

Small changes in country rank from 2011, when Zimbabwe, France, South Africa, Malawi and India were the top five

Examples of Funder Support to International Geographic Regions

EAST AND SOUTHERN AFRICA

Deutsche AIDS-Stiftung supports HOPE Cape Town, a non-profit organization providing HIV/AIDS and tuberculosis (TB)-related outreach, education and counseling at the community level in the Western Cape Province of South Africa. In 2001, the Ithemba Paediatric Ward was opened at Tygerberg Children's Hospital to provide treatment, care and education to children affected by HIV/AIDS. To provide comprehensive care and facilitate treatment, HOPE enables caregivers—mothers, fathers, grandparents and siblings—to remain in the hospital with patients during their stay by providing basic food and sleeping facilities. Through its core Community Health Worker Programme, HOPE has been

training and employing community health workers in various underprivileged areas since 2002. They provide voluntary counseling and testing to clients in the community clinics, conduct home and follow-up visits, and assist with compliance and adherence issues. HOPE currently employs 23 health care workers working in 18 clinics located around Cape Town, Paarl, Grabouw and Hermanus, each with a three-year sponsorship. Through their Nutrition Project, HOPE provides food parcels to soup kitchens that cater to HIV and TB patients. HOPE also conducts workshops on HIV/AIDS awareness and prevention for private companies, schools, other NGOs and churches.

EAST AND SOUTHERN AFRICA

Cecily's Fund has been supporting the Copperbelt Health Education Programme (CHEP), a peer health education program in Kitwe, Zambia, since 2003. Every year CHEP recruits and trains 50 peer health educators (PHEs) and two group leaders (PHEs who have already been involved in the program for one year). Once trained, the PHEs conduct structured sessions in 26 primary and secondary schools in Kitwe, as well as hold after school Anti AIDS Clubs, thereby reaching thousands of children every year with up to date information about HIV/AIDS, how to stay healthy, and how to keep others

safe. They also learn about their rights to healthy physical development and to be protected from exploitation or employment that would be detrimental to their health. This helps protect them and others, reduces stigma, and offers the PHEs valuable skills and experience for future careers. The PHEs also play a critical role in referring schoolchildren to health services for a variety of reasons, including STIs, VCT, pregnancy, and alcohol, and monitor whether the children have actually used the services. Total referrals increased from 497 in 2011 to 1,280 in 2012.

EASTERN EUROPE AND CENTRAL ASIA

Verein AIDS Life, an independent non-profit organization founded in 1992, holds the annual Life Ball—one of the largest AIDS charity events in the world. Each year the event helps to raise significant funds and awareness to fight HIV/AIDS and related stigma. With proceeds from the Life Ball, the organization supports HIV/AIDS-related projects in the most impacted regions of the world—the Caribbean, East & Southern Africa, Asia Pacific, and Eastern Europe and Central Asia—and on projects that address the social consequences of HIV/AIDS. In Eastern Europe and Central Asia, AIDS Life supports a number of projects and partners, including: a UNAIDS project aiming to increase HIV/AIDS awareness and prevention programs in Russia; advocacy and direct support for injection drug users in Russia in partnership with the Andrey Rylkov Foundation; and the “women4women”

project collaboration with United Nations Office on Drugs & Crime to create gender-sensitive care for vulnerable women.

One of Verein AIDS Life's grantees, the Andre Rylkov Foundation, supports the only harm reduction program in Moscow. Outreach workers visit places where people who inject drugs are likely to be, to provide syringes and condoms, HIV testing and counseling, and health and legal advice. Credit: Hungarian Civil Liberties Union (HCLU)





KEY FINDINGS

The largest amount of funding went to **research** (€37 million, or \$49 million), followed by **treatment** (€18 million, or \$24 million) and EMTCT (€13 million, or \$18 million).

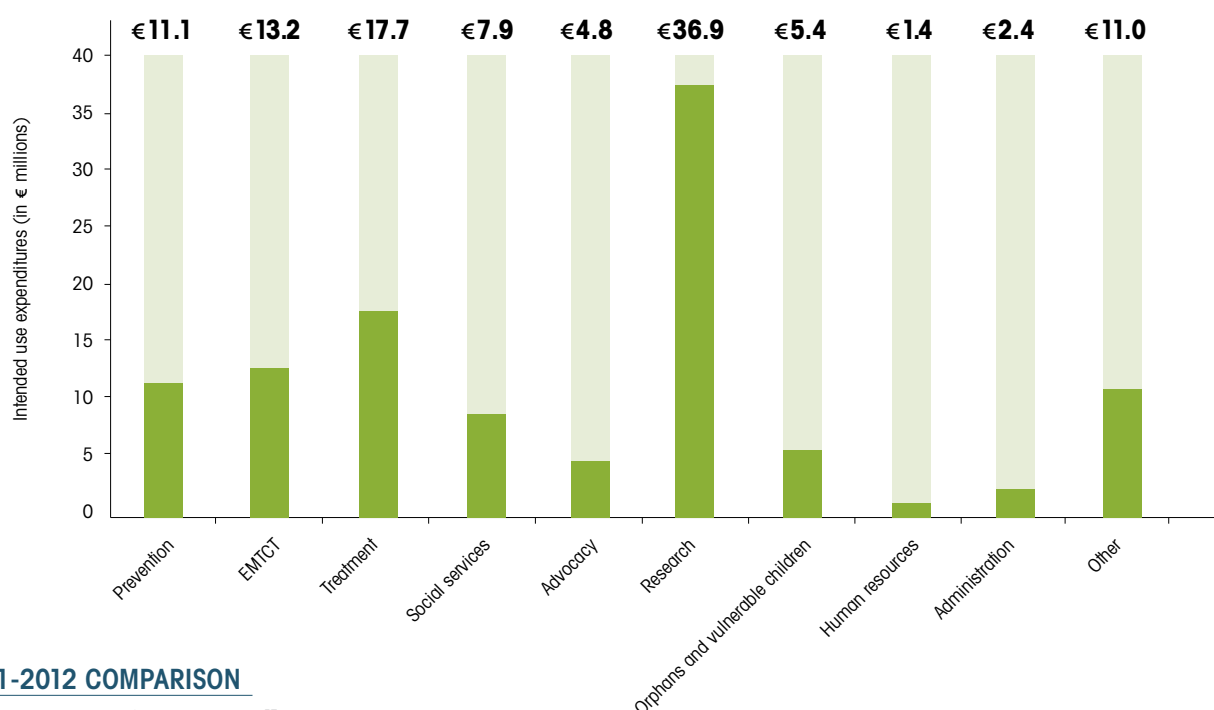
European-based funders were asked to identify the intended use of their funding according to the categories below. The “other” category includes funds from organizations that did not disaggregate data based on intended use, funding that was unspecified, funding that fell under multiple categories, or funding for projects that did not fall under pre-determined categories. Funders reported “other” uses such as: health systems strengthening; conferences and scholarships for conference attendees; organizations of PLHIV that provide a variety of social support and advocacy/lobbying; fundraising activities; integration of SRH and HIV services; technical assistance; sponsorship of leadership award.

New this year: Funding for elimination of mother-to-child transmission of HIV (EMTCT), previously included in

the ‘prevention’ category, was provided its own distinct intended use category in the survey on 2012 funding and in the charts below to better track resources given to this area. See Global Plan feature on page 61 for more information on what funders of the EMTCT category supported. It should be noted that some EMTCT programs address primary prevention, treatment, and other categories, but if the sub-categories were part of an EMTCT program, they have been categorized as EMTCT.

CHART
29

Intended Use of European Philanthropic HIV/AIDS Funding in 2012



2011-2012 COMPARISON

- ↓ Research received €2.4 million less⁵⁷
- ↓ Orphans and vulnerable children received €3.2 million less
- ↓ Program management and administration received €3.4 less

Note: Prevention, treatment, and social services comparisons 2011-2012 are not available as EMTCT was reported in those categories for 2011 (amounts not known) and was made into a new unique category for 2012.

⁵⁷ The research total for 2011 was revised to €39.3 million as the Wellcome Trust submitted a revised 2011 figure.

Examples of Funder Support to Program Areas

RESEARCH

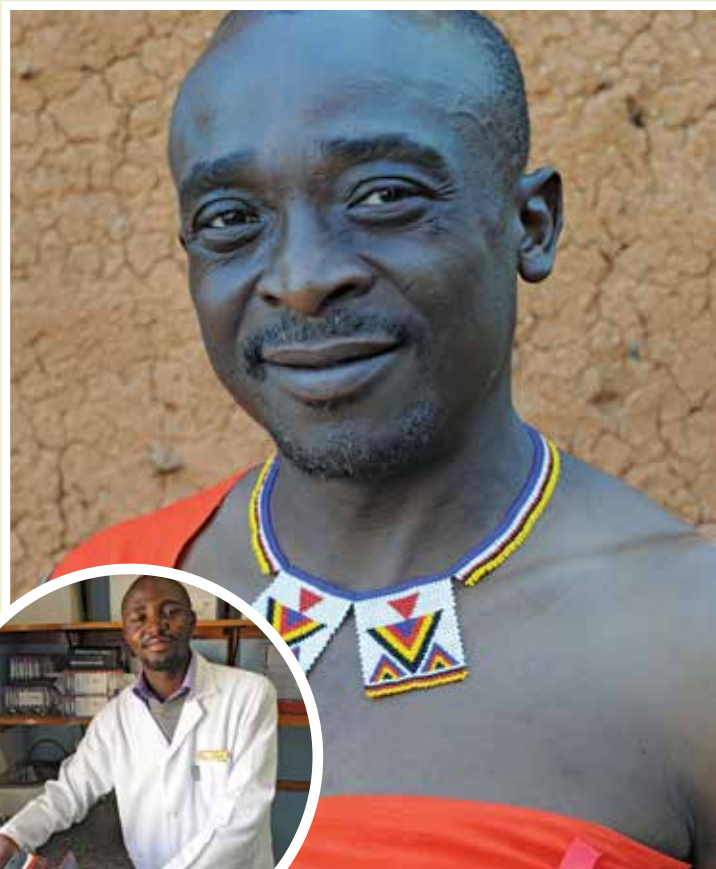
In 1998 the **Wellcome Trust** established the Africa Centre for Health and Population Studies at the University of KwaZulu-Natal in partnership with the South African Medical Research Council. The Centre aims to generate policy relevant knowledge of the highest quality, to inform the development and evaluation of interventions and contribute to improvement in health status of populations affected by the HIV epidemic. The overarching research priorities are to rapidly inform the development of interventions aimed to reduce the incidence of HIV, and to improve HIV-related service provision through increased understanding of the effect and impact of the HIV epidemic at an individual and population level. One recent Centre study focused

on how the scale-up of antiretroviral therapy (ART) is expected to raise adult life expectancy in populations with high HIV prevalence. Using data from a population cohort of over 101,000 individuals in rural KwaZulu-Natal, South Africa, the study measured changes in adult life expectancy between 2000-2011. Data revealed that ART has raised adult life expectancy by more than 11 years since 2004—one of the most rapid increases in the history of public health—confirming that the benefits of ART far outweigh the costs of providing treatment and have important implications for government investment decisions in public health programs. The Wellcome Trust is one of the top philanthropic funders in the emerging field Treatment as Prevention.⁵⁸

⁵⁸ http://www.hivresourcetracking.org/sites/default/files/Research.to_.Reality.2013.pdf

TREATMENT

In 2011, **STOP AIDS NOW!** in collaboration with the Swaziland Ministry of Health and Clinton Health Access Initiative (CHAI), launched a pioneering project in Swaziland with funding from the **Dutch Postcode Lottery: Maximizing ART for Better Health and Zero New HIV Infections (MaxART)**. The ambitious goal of MaxART is to improve the lives of people living with HIV and prevent new HIV infections in Swaziland, a country with the highest HIV prevalence in the world. Regular testing, access to early antiretroviral treatment (ART), and lifelong retention in care and treatment are key elements of the program. MaxART aims to ensure that at least 90% of those in need of treatment based on current guidelines are on treatment by the end of 2014. The long term vision is to ensure long-term access to treatment and care for HIV positive people in need of treatment, and provide proof of concept of the benefits of Treatment as Prevention, thereby catalyzing the widespread adoption of a new form of HIV prevention in Southern Africa and beyond. Realizing human rights (including tackling stigma and discrimination) and responding to realities and needs on the ground are also cross-cutting issues. After 1.5 years, MaxART has already seen an increase in the number of HIV tests given (251,000 in 2012 vs. 137,000 in 2009) and the number of people on treatment (over 83,000 versus 72,400 in 2011).



Top: Traditional leader involved in community mobilization work of Stop AIDS Now!'s MaxART program Credit: Adriaan Backer. Bottom: Health worker excited about the arrival of PIMA point of care CD4 analyzer Credit: Adriaan Backer

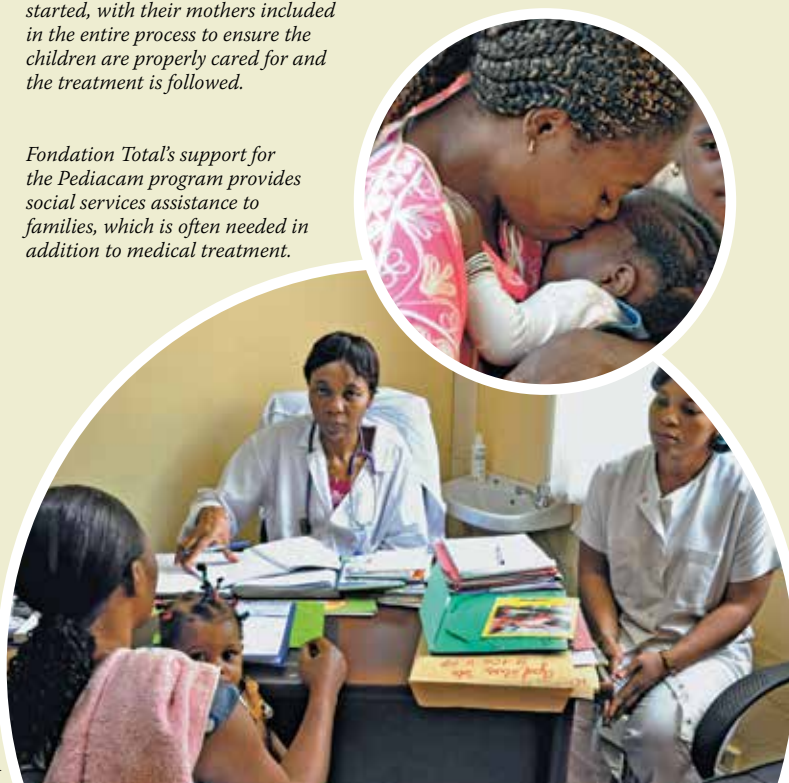
TREATMENT

Since 2008, **Fondation Total** has provided support for Pédicam, a research and treatment program for Cameroonian babies infected with HIV. Launched in 2007 by the ANRS (national research agency on HIV/AIDS and viral hepatitis), Pédicam is a healthcare program for HIV-seropositive newborns. Its objective is to evaluate possibilities for the early administration of antiretroviral therapy. This study is taking place in three pediatric departments: the Chantal Biya Foundation mother and child center, the Essos Hospital at Yaoundé, and the Laquintinie Hospital in Douala. Initially limited to newborns, the program has now been extended to monitoring children through age five. The Foundation continues to provide multifaceted support that has helped to modernize medical care facilities and to improve the health-related needs of children and their families participating in the program. This includes supplying powdered milk and food baskets, purchasing medications and vaccinations, ensuring the psychosocial follow-up of families (home visits), providing training for healthcare and management staff, and investing in facility renovations.

Credits: Total Cameroun SA

As part of Fondation Total's support for the Pédicam program, children exposed to HIV are monitored, and, if they are HIV infected, treatment is started, with their mothers included in the entire process to ensure the children are properly cared for and the treatment is followed.

Fondation Total's support for the Pédicam program provides social services assistance to families, which is often needed in addition to medical treatment.



THE BIG PICTURE: **ADVOCACY**

Advocacy funding from philanthropy can help empower people living with HIV and their allies to influence and change public policy to better meet their needs. Advocacy is especially needed for mobilizing and supporting key populations at higher risk of HIV infection, as they are often not fully supported financially by governments, and face laws and policies in their countries that act as barriers to accessing HIV treatment and care. Changes in laws and policies have the potential to broadly affect many people living with

HIV, and can engender large-scale improvements in accessibility of quality treatment and care.

According to the National Committee for Responsive Philanthropy, funding advocacy is an excellent way to leverage limited resources. Their recent study showed that **advocacy funding consistently provides a high return on investment, with each dollar granted by donors reaping an average of \$115 in community benefit.**

\$1 = \$115
ADVOCACY **IN COMMUNITY BENEFIT**

Source: Lisa Rangelhi, *The National Committee for Responsive Philanthropy [NCRP]. Leveraging Limited Dollars: How Grantmakers Achieve Tangible Benefits by Funding Policy and Community Engagement.* January 2012. Available at www.ncrp.org/files/publications/LeveragingLimitedDollars.pdf

KEY FINDINGS

The top three target populations of funding in 2012 were **orphans and vulnerable children, women, and youth**.

FCAA was able to obtain information from all but one European-based funder on the three population groups that receive the greatest benefit from their funding. (Some funders reported more than three populations as their main focus, but they were asked to list only the top three target populations of their funding.) The chart below shows the percentage of the 37 total funders that chose each category. The categories are not mutually exclusive.

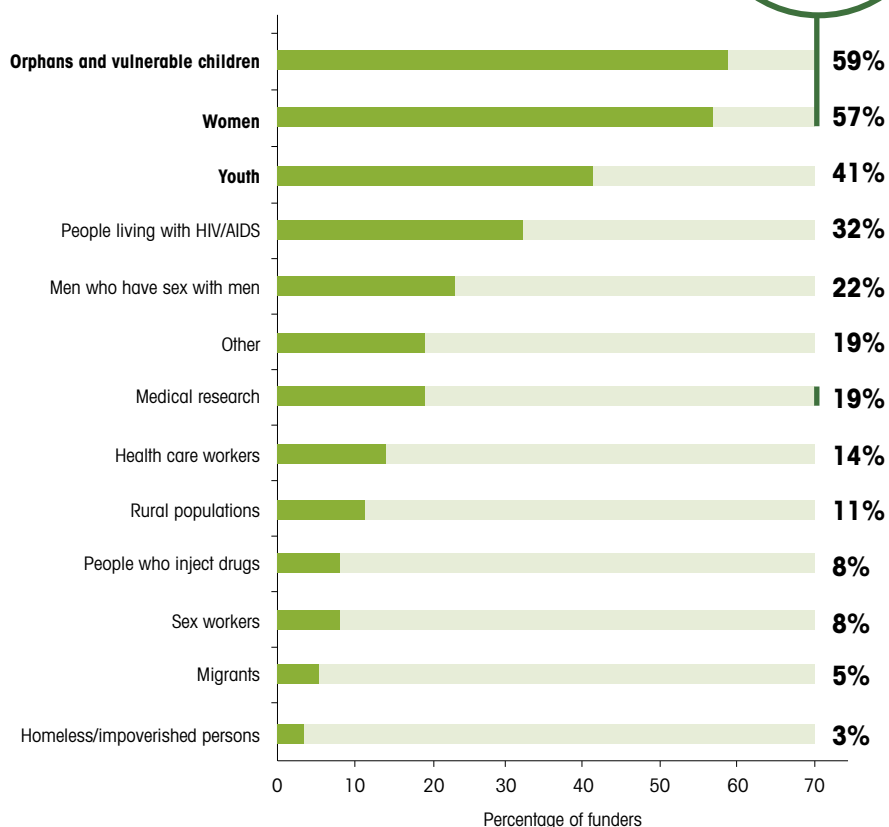
Funders who supported medical research reported the research targeting populations including women, people living with HIV, sub-Saharan Africans, uninfected people, children, aging populations, and all who would benefit from an AIDS vaccine. Additional medical research reported included addressing viral and host factors which determine the immunological failure despite virological

success of anti-retroviral therapy; induction of anti-viral immunity against HIV-1 in order to combat infections; neuroimaging of cognition and retinas in HIV-positive patients; and research on the effects of sexual arousal, alcohol and working memory in sexual risk behavior.

The “other” category includes populations that did not fit elsewhere. For example, funders reported people in need of palliative care, men, truck drivers, mothers and babies, and girls as “other”.

CHART 30 Target Populations of European Philanthropic HIV/AIDS Funding in 2012
(by percentage of funders that chose each category)

Note: The chart below shows percentages of funders that selected each target population as one of their top three, so does not necessarily show flows of funding to each population.



The top 10 funders chose orphans and vulnerable children, women, and medical research as their top three target populations.

2011-2012 COMPARISON

Nearly the same, with orphans and vulnerable children, women, youth, and people living with HIV/AIDS as the top four target populations

Examples of Funder Support to Target Populations

ORPHANS AND VULNERABLE CHILDREN

One component of Project Malawi, a program supported by **Intesa Sanpaolo** and **Fondazione Cariplo**, is care for orphans and vulnerable children. Working with Save the Children as an operating partner, the program aims to provide assistance to children by strengthening the capabilities and expertise of local authorities such as schools and community-based organizations to encourage behavioral changes, prevent HIV, and provide home health care and other support to children and families affected by HIV. Since Project Malawi's beginning in 2005, 70 community-based

centers for orphaned and vulnerable children have been built and linked to local health centers, 4,000 children regularly attend activities at children's clubs, and 500 people each month receive home-based care.



District of Lilongwe, early childhood development activities in a community based childcare center built by Project Malawi
Credit: ©Luigi Baldelli for Project Malawi

WOMEN

Fondation de France supports ACONDA-VS-CI, an NGO based in Côte d'Ivoire, whose program promotes family planning for HIV-positive women and their partners. This two-year pilot project is being carried out in several sites in Yopougon, a district of Abidjan. The program's goals are to increase the demand for services at four family planning sites, the use of contraceptives adapted to the needs of HIV-positive women, and the HIV testing rate of male partners at those family planning sites. Eight community-based HIV counselors have received training regarding contraception techniques, and have been hired in six health centers where they organize behavior change communications focused on the promotion of family planning. Women

who would like to use contraception are then referred to family planning services and followed up through home-visits. Male partners of HIV-positive women are encouraged during those home-visits to get tested in health centers. The project's preliminary results are promising: about 3000 women have attended behavior change communication sessions focusing on family planning; more than 400 HIV-positive women have been referred to family planning centers; and 111 home-visits have been organized, enabling the association to raise awareness among 100% of male spouses, of which around 35% have sought testing. In parallel, ACONDA has been trained and supported by Engender Health to implement a gender approach within their programs.

MEN WHO HAVE SEX WITH MEN

Since 2007, **Sidaction** supports several organizations working with vulnerable populations in Ukraine. One such grantee, Tochka Opory (or "Fulcrum" in English), is a dynamic organization based in Kiev that mobilizes a small team of employees and volunteers working on behalf of the rights of gay men and other men who have sex with men (MSM). Sidaction's support allows the organization to improve access to HIV prevention tools and education, as well as access to medical care for those living with HIV/AIDS. HIV prevalence among MSM is estimated at 6.4%, but can reach 20% in some regions of Ukraine. In response, the organization also provides psychological support to help MSM deal with related stigma issues, including for those who have experienced rejection from society or within their families.



Youth gathering at the opening ceremony of Tochka Opory center in Lviv, Ukraine. Credit: Tochka Opory

MAMA CASH

Mama Cash serves as the administrative host for the Red Umbrella Fund (RUF), the first-ever global grantmaking collaborative guided by and for sex workers. The fund launched in 2012 to support movements and organizations fighting for sex workers' health, human and labor rights, and self-determination, and is led primarily by sex workers that make both strategic and grantmaking decisions on behalf of the fund. Many of the groups it supports are contributing to creating an enabling environment for HIV prevention among sex workers. By promoting the human rights of sex workers (such as working to end police violence, advocating for fair working conditions, or lobbying for inclusion in health policies and programs), groups contribute to an environment in which sex work is not stigmatized, and allows sex workers to access HIV testing and treatment without fear of discrimination or violence. A diverse group of funders support the Red Umbrella Fund, including the **American Jewish World Service**,

Craigslist Charitable Fund, Comic Relief UK, Levi Strauss Foundation, M•A•C AIDS Fund, Mama Cash, Oak Foundation and Open Society Foundations. Additional donors that participated in and supported the process that led to the creation of the Fund include **Aids Fonds, Hivos** and the **Global Fund for Women**.

Top: AINSW (All India Network of Sex Workers), the national network of sex workers in India, marches on the streets of Kolkata on 16 July 2013 in support of sex workers' rights. Credit: AINSW. Bottom: A woman promotes GEMPAC's (Grupo de Mulheres Prostitutas do estado do Pará) campaign to legalize sex work in northern Brazil. Credit: GEMPAC



THE BIG PICTURE: SPECIFIC NEEDS OF WOMEN

Annually, women are one of the most targeted populations of private philanthropic support. However, women and girls are still disproportionately vulnerable to HIV infection due to their lower social and economic status than men in many cultures, and gender-based violence has been strongly linked to HIV.

DID YOU KNOW?

- HIV is the leading cause of death of women of reproductive age.
- HIV infection rates among young women aged 15–24 are twice as high as in young men.

- Nearly two out of every three pregnant women in low- and middle-income countries do not know their HIV status.
- Up to 37% of women living with HIV report having been physically assaulted.

Empowering women to advocate for their needs and rights is a critical enabler in meeting the targets of reducing sexual transmission of HIV by 50%, eliminating mother-to-child transmission of HIV and substantially reducing AIDS-related maternal deaths by 2015.

Source: World Health Organization. *Women and health: today's evidence, tomorrow's agenda*. 2009. Available at: www.who.int/gender/women_health_report/en/index.html; and UNAIDS. *Women Out Loud: How Women Living with HIV Will Help the World End AIDS*. 2012. Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211_Women_Out_Loud_en.pdf



PHILANTHROPIC SUPPORT FROM FUNDERS OUTSIDE OF THE U.S. AND WESTERN & CENTRAL EUROPE

FCAA conducted new research this year to identify HIV/AIDS philanthropic funders based outside of the U.S. and the Western & Central European region. Roughly 120 potential AIDS funders from 28 countries were identified and asked to complete a survey on their 2012 funding. Surveys and additional research generated data from 40 funders in 13 countries, totaling approximately \$38 million in global HIV/AIDS philanthropy in 2012.

Introduction

In the current economic environment of tightened budgets and stagnation of bilateral and multilateral funding to fight AIDS worldwide, philanthropy serves an ever important role as a source of funding, innovation and best practices to help close the funding gap. Philanthropic efforts can also help influence stakeholders to increase funding from all sectors and ensure the best use of the available resources, especially in addressing the most vulnerable and affected populations that governments may not support.

This year, FCAA attempted to identify and survey an additional group of HIV/AIDS philanthropic funders based outside of the U.S. and Western and Central Europe, as part of an effort to move towards a more comprehensive and global portrait of HIV/AIDS resource flows. FCAA seeks to connect to more HIV/AIDS funders based around the world, to offer information and support, to foster channels of potential collaboration and networking between funders, and to help mobilize the ideas, leadership and resources of these funders to end the AIDS epidemic. Especially in the context of flat or decreased funding from U.S. and E.U.-based HIV/AIDS funders, the presence, contributions, and perspectives of philanthropic organizations in other countries and regions are meaningful and vital.

Background

In 2008, a Working Group on Global HIV/AIDS Philanthropic Resource Tracking (consisting of UNAIDS, FCAA and EFG) was formed to first investigate HIV/AIDS philanthropy on a global level. A preliminary list of funders that were likely to be engaged in funding HIV/AIDS-related programming was drafted, and more deeply explored in 2009. Eighty potential funders were surveyed, but responses were not received from enough funders to produce an analysis of resource flows similar to that for U.S. and E.U. funders.

In 2012, UNAIDS contracted the Netherlands Interdisciplinary Demographic Institute (NIDI) to expand this initial list of funders, and to provide an environmental scan of the global philanthropic landscape.⁵⁹ In this second effort, 144 organizations were identified and surveyed on their 2010 and 2011 philanthropic HIV/AIDS funding, but funding data could only be obtained for 10 organizations, totalling approximately \$2 million in 2011.

Challenges were encountered in conducting the past research that helped to inform FCAA's latest approach.

This included learning that many organizations outside of the U.S. and E.U. that are labeled as 'foundations' or 'charities' are in fact more similar to NGOs, receive funding from government, foundation or other NGO sources, and do not give grants but rather provide direct services. This year's survey was designed to clearly identify private funders' sources of income to ensure they were not from government or other foundations tracked by FCAA.

Another lesson learned from past research was that it is difficult to engage newly identified funders unfamiliar with the work of FCAA, especially if they are asked to complete a survey with a level of detail that is prohibitively time-consuming or otherwise difficult for funders to voluntarily share. A decision was made to greatly simplify the survey in the hopes of a higher response rate. While this approach yielded less data per funder, more funders were able to respond.

Methodology

Approximately 120 potential HIV/AIDS funders, including foundations, corporations, religious organizations, and other funding institutions, were identified by FCAA in 28 countries outside the U.S. and Western and Central Europe. The lists of funders from the 2009 FCAA and the 2012 NIDI reports were reviewed and updated, and many national, regional and global philanthropic networks were researched for membership databases and in some cases contacted for assistance. Web research provided the majority of the identified organizations and their contact information.

A survey tool and introduction letter to FCAA was emailed to the identified funders in June, asking for information about their HIV/AIDS funding in 2012, their sources of income, the intended use and target populations of their HIV/AIDS programming, and any further information about their work. FCAA also welcomed these funders to join the network, and outlined some of the tools and services offered. Several funders have already taken advantage, and expressed appreciation for the resource tracking effort and the networking and information-sharing opportunities.

Findings

Surveys and additional research of funders' websites generated the following data from 40 funders in 13 countries outside of the U.S. and Western and Central Europe. Philanthropic funding totaling approximately \$37.5 million from over 750 grants supported HIV/AIDS projects in 2012.

⁵⁹ NIDI. *Tracking 2010 and 2011 HIV Aid from Philanthropic Organizations Based Outside of the United States and Western and Central Europe: Evaluation Report*. September 2012.

TABLE 11**Philanthropic HIV/AIDS Funders Based Outside of the U.S./E.U. in 2012**

COUNTRY	USD
Argentina	
Fundación Huésped	\$1,131,667
Benin	
Institute of Cultural Affairs-Benin	45,000
Canada	
Stephen Lewis Foundation	7,491,345
Mennonite Central Committee (Canada)	1,581,462
Canadian Foundation for AIDS Research (CANFAR)	998,109
Farha Foundation	336,005
Presbyterian World Service & Development	216,701
Scotiabank	156,721
ACTLAP	144,000
Horizons of Friendship	116,325
Bracelet of Hope	108,470
CAP/AIDS Network (Canada Africa Partnership)	98,794
Community Education Services (CES) Canada	97,159
Help Lesotho	96,002
HopeShares Community Development Association	84,001
One Child's Village: A Global Orphans Foundation	47,967
The Olive Branch for Children	43,646
Sauti Moja	32,998
Friends of Mengo Hospital (Canada)	25,000
The Shanti Uganda Society	24,000
Dr Njenga Foundation of Sustainable HIV/AIDS Projects	8,361
Reach Out to Humanity	7,457
China	
Chi Heng Foundation	2,353,319
Hong Kong AIDS Foundation	273,344
Cote d'Ivoire	
Institute of Cultural Affairs – Cote d'Ivoire	56,249
India	
Native Medicare Charitable Trust	122,605
The Touch of Hope Foundation (THF)	29,885
Japan	
Japan Foundation for AIDS Prevention (JFAP)	50,212
Kenya	
Development Innovations for Rural Communities (DEVIRUCO)	28,604

TABLE 11 Philanthropic HIV/AIDS Funders Based Outside of the U.S./E.U. in 2012
(continued)

COUNTRY	USD
Mexico	
Consortio de Investigación sobre VIH/SIDA/TB (CISIDAT)	3,900,000
Fundacion Unidos por un Mexico Vivo	500,000
New Zealand	
New Zealand Lottery Grants Board	66,627
South Africa	
National Lottery Distribution Trust Fund	15,629,803
Living Hope Community Centre	1,134,927
The Africaid Trust	217,368
African Rainbow Minerals Limited (ARM)	110,881
HCI Foundation	55,394
Ackerman Pick n Pay Foundation	12,008
Thailand	
ReCHEE: Research Centre for Health Economics and Evaluation, Faculty of Public Health, Mahidol University, Thailand	50,500
Zambia	
Zambia Sugar Plc	185,602
2012 TOTAL^{60,61}	\$37,518,520

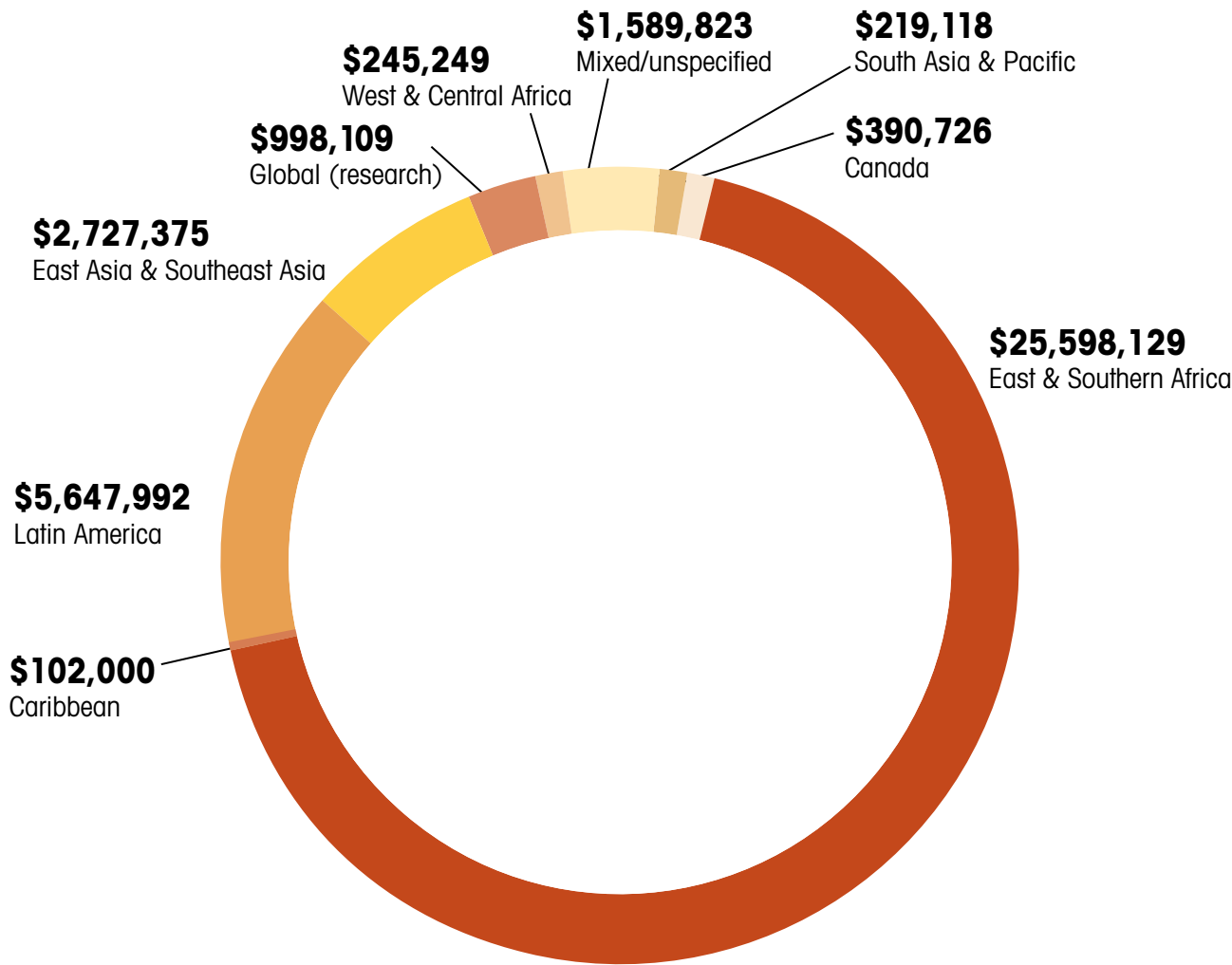
⁶⁰ Funders reported expenditures in various currencies, including Argentine pesos, Canadian dollars, CFA francs, Hong Kong dollars, Indian rupees, Japanese Yen, Kenyan shillings, South African rand, and Tanzanian shillings. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 7 September 2013 from xe.com.

⁶¹ Funders were given the option to report either calendar year 2012 or fiscal year 2012 funding (with calendar year preferred). About half of the funders reported their fiscal year 2012 funding. Fiscal year months were slightly different between funders, with the majority for FY2012 being between April 2012-March 2013.

Geographically, over half of the funders profiled supported HIV/AIDS programs in their own countries, and nearly half (mostly in Canada) supported programs

in other countries. The region that received the most funding was East and Southern Africa, followed by Latin America, and East Asia and Southeast Asia.

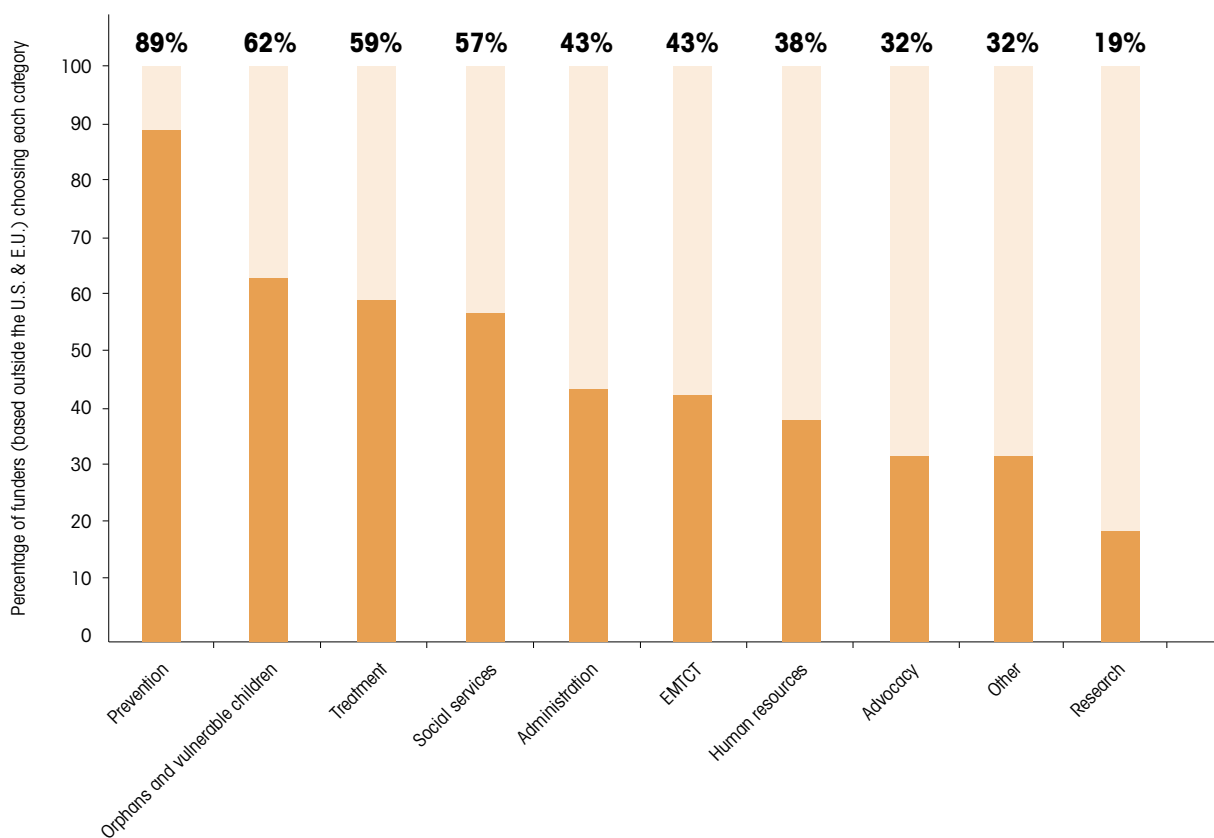
CHART 31 Geographic Distribution of Philanthropic HIV/AIDS Funding from Funders Based Outside of the U.S./E.U. in 2012 by Region



The top categories of **intended use** were programs for HIV awareness and prevention (including HIV testing), funding for orphans and vulnerable children, HIV/AIDS

treatment and medical care, and social services (such as housing, income-generation activities, legal assistance or nutritional support).

CHART 32 Intended Use of Philanthropic HIV/AIDS Funding from Funders Based Outside of the U.S./E.U. in 2012
(by percentage of 37 funders from which intended use data were obtained)

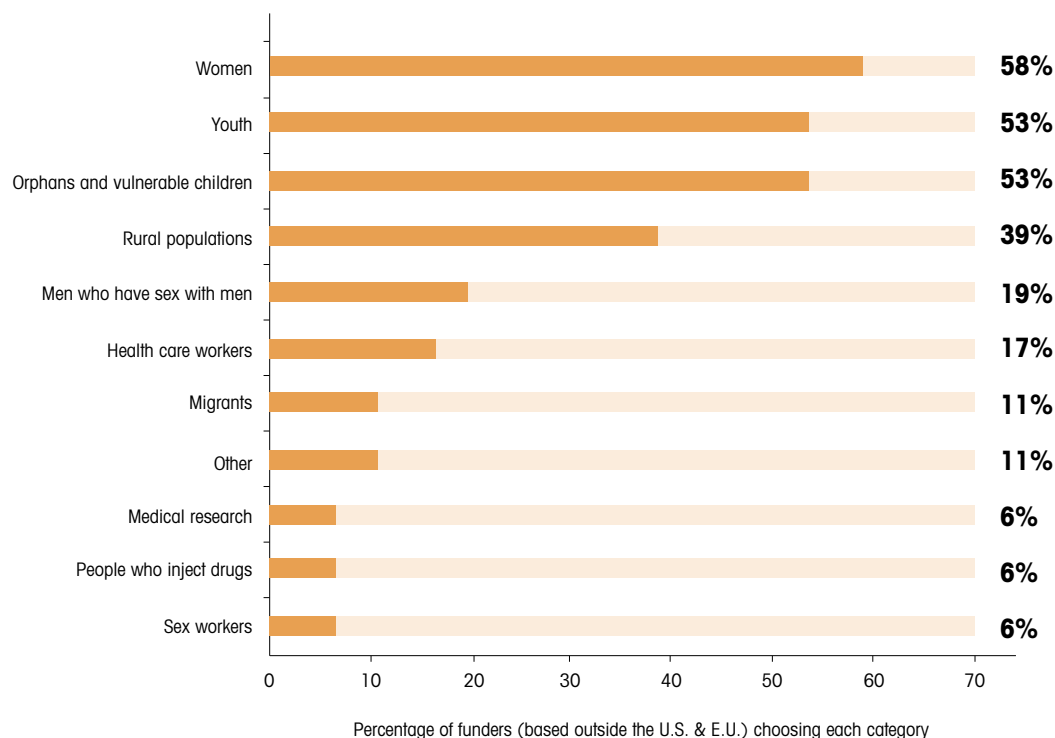


The top **target populations** benefiting from this funding were women, youth, orphans and vulnerable children, and rural populations.

CHART 33

Target Populations of Philanthropic HIV/AIDS Funding from Funders Based Outside of the U.S./E.U. in 2012

(by percentage of 36 funders from which target populations data were obtained)



Additional Context

In the process of conducting research to identify HIV/AIDS funders, sources such as reports and key contacts were reviewed or consulted, and in some cases, these sources provided the following additional contextual information about general and HIV/AIDS-related philanthropy outside of the U.S. and Western and Central Europe that may be helpful in understanding the sector:

- Philanthropy is growing in **Africa** in line with economic growth, and more philanthropic networks and resources seem to be appearing throughout the continent. While the gap between the rich and the poor is widening, more high net worth individuals (HNWI) are emerging throughout Africa as well as a middle class in certain countries, creating potential for greater philanthropy.⁶² While research of African HNWI that have identified HIV/AIDS as a major philanthropic giving area was conducted, very few turned up. While still not yet highly visible, the growth of African philanthropy over the next decade seems to be promising.
- In **Latin America**, the search for HIV/AIDS funders revealed a strong culture of NGOs working on HIV/AIDS, but not private philanthropy. This could be due to the low HIV/AIDS prevalence rates in many of the countries of Latin America, combined with middle-income economies where governments can better support their domestic HIV/AIDS responses.
- In **Australia**, a source reported that there were “very few if any” HIV/AIDS-related organizations that do not depend on public funding from either the federal government or state and territory governments.
- A U.K.-based funder that has long-supported HIV/AIDS work in **China** shared the perspective that there is very little indigenous Chinese philanthropy as it exists in the U.S., with it being a “rather new concept” for the Chinese. The source reported, however, that new domestic HIV/AIDS-related NGOs are beginning to be registered, which indicates progress in acknowledging the epidemic in China.
- It was difficult to identify many HIV/AIDS funders in the emerging economies of **Brazil, the Russian Federation, or India**. In the case of Brazil, this may be because the government provides free, universal

provision of ARVs. Russian philanthropy, while starting to grow particularly among HNWI, is still considered to be in its infancy in comparison to other countries, and the Russian government—which is notoriously reluctant to address the key domestic population affected by HIV/AIDS, people who inject drugs—has traditionally guided private philanthropic efforts.⁶³ In India, the research found that most organizations identified to be working on HIV/AIDS are funded by governments (both Indian and Western), large NGOs and some Western foundations.

- Language barriers may have affected the ability to identify funders in **Eastern Europe and Central Asia, East Asia, and South Asia and the Pacific**.
- Many U.S. and E.U.-based funders have a wide global reach and were discovered as funders of foundations in Latin America, Australia, North Africa, India and other Asian countries.

One key overall factor that seems to be a major barrier to philanthropy outside of the U.S. and other Western countries is that there are few if any tax incentives, such as the income tax deduction for charitable donations in the U.S., to encourage philanthropic giving. Governments must change their tax codes to support, rather than inhibit, a culture of charitable giving. High net worth individuals, corporations, politicians, media and other high-profile influential players must also step forward to promote a culture of philanthropy in order for the sector to grow in countries and regions where it has not been traditionally strong.

The ability of many governments of high-income countries, and many middle-income countries in Eastern Europe, Asia, and Latin America, to fund the bulk of their domestic HIV/AIDS response points to the importance of philanthropy in those regions providing support to key affected populations, such as men who have sex with men, people who inject drugs, and sex workers, that government programs may not support. In lower-income countries, such as those in Sub-Saharan Africa and parts of Asia, Latin America, and Eastern Europe, philanthropy is critical for not only supporting key affected populations but also filling the gaps left by struggling domestic HIV/AIDS responses from governments.

⁶² African Grantmakers Network. Sizing the Field: Frameworks for a New Narrative of African Philanthropy. April 2013. Available at: www.africangrantomakersnetwork.org/OpenDocument/71/Sizing-the-Field---New-narratives-for-African-philanthropy

⁶³ Philanthropy News Digest, Foundation Center. “Interest in Philanthropy Growing Among Russian Billionaires.” Posted August 13, 2013. Available at: <http://foundationcenter.org/pnd/news/story.jhtml?id=433300004>

The following directory provides information about the HIV/AIDS-related programming of each funder, in the interest of getting to know these organizations and encouraging networking between funders globally.

ARGENTINA

Fundación Huésped⁶⁴

Total FY2012: \$1,131,667

Geographic area reached: Most projects benefit Argentina but there are also some regional Latin American projects

Categories: Prevention, EMTCT, social services, advocacy, research, other: training for health teams

Target populations: Women, youth, medical research that supports people living with HIV/AIDS

More about programs: Fundación Huésped supports outreach programs in areas of greatest vulnerability, including providing prevention information, mental health and legal assistance, training for media and journalists throughout Latin America, promoting SRHR among young and poor women, involving young people in processes of social organization and capacity building, a program for companies engaged in the response to HIV/AIDS, and advocacy work on public policy and issues of stigma and discrimination.

BENIN

Institute of Cultural Affairs – Benin

Total 2012: \$45,000

Geographic area reached: Benin, in the region of Donga

Categories: Prevention, treatment, advocacy, orphans and vulnerable children, other: support to women caregivers association in Benin

Target populations: Women, orphans and vulnerable children, rural populations

More about programs: The Institute of Cultural Affairs is a global network of member organizations that raise their own funds for a variety of programs. ICA-Benin's HIV/AIDS programs include organizing women in the community to support HIV-positive people at their homes with assistance on a volunteer basis, and placing orphans and vulnerable children with adoptive families.

CANADA

ACTLAP (African Computer and Technology Literacy Awareness Program)

Total FY2012: \$144,000

Geographic area reached: Mainly Africa, specifically Nigeria

Categories: Prevention, EMTCT, treatment, human resources

Target populations: Women, youth, rural populations

More about programs: ACTLAP believes that a crucial step to alleviate poverty is through the embrace of technology and active participation in the information revolution. It provides training centers to improve computer literacy, as well as health and humanitarian supplies and services (including AIDS treatment) and other basic needs to children and their families.

Bracelet of Hope

Total FY2012: \$108,470

Geographic area reached: Lesotho

Categories: Prevention, social services, orphans and vulnerable children

Target populations: Women, youth, orphans and vulnerable children

More about programs: In 2009, \$1m was raised from sales of bracelets made by a women's collective in South Africa that went towards the improvement of the Tsepong Clinic in Lesotho, now managed by the Ministry of Health, providing treatment for tens of thousands of patients. Bracelet of Hope continues to sell bracelets among other fundraising activities, and currently provides support for foster homes for AIDS orphans in Lesotho. Rather than place the children in an orphanage that can create feelings of stigma, the children are placed in homes in their own communities, living as a family of 5-8 children with a foster mother (and father when possible). The charity also aims to establish a wellness clinic providing holistic and comprehensive care to those infected with HIV and their families, including nutrition counseling, psychosocial and medical treatment, and services addressing the need for food security and employment.

⁶⁴ Fundación Huésped's official total to HIV/AIDS in 2012 was higher, but income from other funders tracked by FCAA was removed to avoid double-counting of funds.

CAP/AIDS Network (Canada Africa Partnership)⁶⁵**Total FY2012:** \$98,794**Geographic area reached:** Eight countries in East and Southern Africa**Categories:** Prevention, advocacy, other: capacity building, bike distribution, income-generating activities**More about programs:** CAP/AIDS works in partnership with African community-based organizations, providing training and resources to overcome the HIV/AIDS epidemic.**Canadian Foundation for AIDS Research (CANFAR)****Total FY2012:** \$998,109**Geographic area reached:** global (research); Canada**Categories:** Prevention, EMTCT, research**Target populations:** Women, youth, men who have sex with men**More about programs:** CANFAR is the only charity operating in Canada for the sole purpose of privately funding research on AIDS and HIV infection. CANFAR's activities do not duplicate those of existing research programs, organizations or agencies, instead funding research in areas that have not received necessary funding, or areas that require seed funding. CANFAR also augments and complements existing research programs, providing additional funding to sustain or complete ongoing efforts. Recent CANFAR research has included studies on male circumcision, the use of ARVs during pregnancy, HIV infection mechanisms, and ARV absorption in the body. In addition to funding critical research, CANFAR also operates national education campaigns to raise awareness and promote prevention, particularly targeting Canadian youths.**Community Education Services (CES) Canada⁶⁶****Total 2012:** \$97,159**Geographic area reached:** Kenya**Categories:** Orphans and vulnerable children**Target populations:** Orphans and vulnerable children**More about programs:** Provides scholarships and other support services for Kenyan students that have been orphaned by AIDS.**Dr Njenga Foundation of Sustainable HIV/AIDS Projects****Total 2012:** \$8,361**Geographic area reached:** Kenya and Canada**Categories:** Prevention, social services, orphans and vulnerable children**Target populations:** Women, youth, orphans and vulnerable children**More about programs:** Founded by Dr. Peter Njenga, a Canadian citizen who was born in Kenya, the charity's mission is to relieve poverty by providing basic amenities, including food, clothing, shelter, education, and basic medicines and medical aid to orphaned children, children with mental disabilities, homeless people, and people living with HIV/AIDS in Kenya and Canada. The foundation established an orphanage for 20 children in the Kenyan village where Dr. Peter was born, supports additional orphans at their grandmother's homes, and assists mentally challenged children in Kenya (often living with HIV). In British Columbia, the foundation reaches out to homeless with food, clothing, and information about HIV, and supports a blood donation drive to help those who need blood transfusions (those living with HIV/AIDS, leukemia, and cancer).**Farha Foundation****Total FY2012:** \$336,005**Geographic area reached:** Quebec**Categories:** Prevention, social services**Target populations:** Women, men who have sex with men, and people who inject drugs**More about programs:** Canada's first private AIDS foundation, founded by Canadian businessman and activist Ron Farha who died of AIDS in 1992, today serves as Quebec's leading AIDS fundraising organization, sponsoring the ÇA MARCHE annual walkathon, supporting prevention and education programs, and providing healthcare, food, and housing to people living with HIV.**Friends of Mengo Hospital (Canada)****Total 2012:** \$25,000**Geographic area reached:** Uganda**Categories:** Prevention, EMTCT, treatment, social services, orphans and vulnerable children, human resources, program management and administration, other: construction of clinic building**Target populations:** Women, youth, orphans and vulnerable children**More about programs:** FOMH(C) aims to raise funds to support Mengo Hospital in Uganda in providing optimal health care, including advancing TB and AIDS care. Programs supported include providing nutritional supplementation for children and ill adults with E-pap; school supplies, shoes and uniforms for AIDS orphans; income-generating and microcredit programs for people living with HIV or the caregivers of AIDS orphans; and tuition for nursing students.

⁶⁵ Several funders (9 of 40) did not complete surveys but their financial information was available online. Therefore, complete information about geographic distribution, intended use or top target populations from these funders may not be available.

⁶⁶ Data sourced from web research

Help Lesotho⁶⁷**Total FY2012:** \$96,002**Geographic area reached:** Lesotho**Categories:** Prevention**Target populations:** Women, youth, orphans and vulnerable children, other: grandmothers, girls**More about programs:** Help Lesotho aims to mitigate the effects of HIV/AIDS by promoting education, gender equity, and youth leadership development. It provides HIV/AIDS awareness and gender equity education for young people, trains young peer educators, provides school sponsorships, and supports grandmothers, teachers and other caregivers of AIDS orphans and vulnerable children.**HopeShares Community Development Association****Total 2012:** \$84,001**Geographic area reached:** South Africa**Categories:** All categories except research. Other: pregnancy resource center; children's, youth and adult support group; local school partnership education programs; sustenance farming program**Target populations:** Women, youth, orphans and vulnerable children**More about programs:** The primary work is towards both individual and community HIV/AIDS education with a focus on overcoming the stigma, isolation, and 'defeatist' attitude attached to the disease. The work aims to change perceptions of children and youth, empowering them to change their practices and attitudes and become "leaders" in changing their families and community.**Horizons of Friendship⁶⁸****Total FY2012:** \$116,325**Geographic area reached:** The projects were implemented in Costa Rica, and a regional project was implemented in Central America including Guatemala, Honduras, Nicaragua, El Salvador, Costa Rica, and Panama.**Categories:** Prevention, social services, advocacy, human resources, program management and administration**Target populations:** Women, rural populations, other: people living on the streets**More about programs:** Founded in 1973 by several Canadians who had volunteered in Honduras, Horizons of Friendship partners with local organizations in Central America to foster development, the promotion of human rights, and citizen engagement. The HIV/AIDS-related programs include one in Costa Rica to improve harm reduction efforts for homeless PLHIV by creating a national harm reduction policy and providing mobile 'tent' services, and the regional

Central American HIV Observatory project that monitors governments' commitments to public health, disseminates information and research, and documents and disseminates best practices of HIV treatment and prevention models in the Central American region.

Mennonite Central Committee (Canada)**Total FY2012:** \$1,581,462**Geographic area reached:** 26 countries outside Canada, including Kenya, Uganda, Ethiopia, Tanzania, Zambia, Zimbabwe, South Africa, Swaziland, Burkina Faso, Chad, Egypt, Jordan, India, Bangladesh, Nepal, Indonesia, Laos, Ukraine, Columbia, El Salvador, Nicaragua and Guatemala**Categories:** Prevention, EMTCT, treatment, social services, advocacy, orphans and vulnerable children, human resources**Target populations:** Women, youth, orphans and vulnerable children**More about programs:** The Generations program, supported by the U.S. and Canada Mennonite Central Committee offices, has reached millions of people living with HIV, orphans and vulnerable children, and others in impacted communities through prevention and education programs (training peer educators and church and community members), support for orphans (nutrition, housing, medical care and school fees), home-based care, income generation activities, building health systems and advocating for change in Canadian and other government policies.**The Olive Branch for Children****Total 2012:** \$43,646**Geographic area reached:** Tanzania**Categories:** Prevention, EMTCT, treatment, social services, orphans and vulnerable children, program management and administration, other: general health education and health education related to HIV/AIDS provided to people living with HIV and their communities**Target populations:** Women, orphans and vulnerable children, rural populations**More about programs:** Care and support are provided to orphans and vulnerable children through two homes and community-based sponsorship of the children, and a home-based care program provides health education, testing, adherence support, medical referrals, basic health care, and food support to over 400 people living with HIV/AIDS. In addition, a microfinance program gives loans to HIV-positive women to develop individual small businesses.**One Child's Village: A Global Orphans Foundation****Total 2012:** \$47,967**Geographic area reached:** Kenya⁶⁷ This organization received some funding from a government organization that was re-granted to HIV/AIDS work and included in the total (the amount was not provided).⁶⁸ This organization may receive some funding from governments and other foundations tracked by FCAA that is re-granted to HIV/AIDS work and included in the total (information from the funder was not fully provided).

Categories: Prevention, treatment, social services, orphans and vulnerable children, other: clean water, nutrition, education for orphans and vulnerable children

Target populations: Youth, orphans and vulnerable children

More about programs: One Child's Village provides support to AIDS orphans in Kenya including food, water, clothing, education, health care, training and resources needed for their well-being.

Presbyterian World Service & Development

Total 2012: \$216,701

Geographic area reached: HIV/AIDS programs benefit people in developing countries, mainly in Africa, including in Kenya, Malawi, and Tanzania.

Categories: Prevention, EMTCT, treatment, social services, advocacy, orphans and vulnerable children, human resources, program management and administration

Target populations: Women, orphans and vulnerable children, health care workers

More about programs: Support ranges from HIV/AIDS prevention education (with a gender and human rights component), prevention of mother-to-child transmission, voluntary counseling and testing, HIV/AIDS awareness, support for orphans and other vulnerable children and their caregivers (including vocational training), and other types of health and vocational training for trainers and caregivers.

Reach Out to Humanity

Total 2012: \$7,457

Geographic area reached: Kenya

Categories: Prevention, treatment, orphans and vulnerable children, human resources, program management and administration

Target populations: Rural populations, health care workers, sex workers, other: elderly

More about programs: Founded in 2006, ROTH has since grown into a network of over 100 volunteers working together to uphold basic human rights in low-resource contexts by building the spaces and structures communities need to continue and enhance the work of local leaders, organizers, and change-makers. Their HIV/AIDS programs include training community health workers to provide basic HIV/AIDS services including prevention and awareness, medical care, EMTCT, home-based care, treatment of related illnesses, and more.

Sauti Moja⁶⁹

Total 2012: \$32,998

Geographic area reached: Tanzania

More about programs: Provides HIV prevention and care programs for rural Tanzanians, particularly the Maasai community.

Scotiabank⁷⁰

Total 2012: \$156,721

Geographic area reached: St. Maarten and Canada

More about programs: Supports the Stronger Together/Red Ribbon Campaign with the St. Maarten AIDS Foundation to raise funds for HIV prevention education and support in St. Maarten, and sponsors the Scotiabank AIDS Walk for Life across several cities and communities in Canada, fundraising for Canadian community-based AIDS organizations.

The Shanti Uganda Society

Total FY2012: \$24,000

Geographic area reached: Uganda

Categories: Prevention, EMTCT, social services, program management and administration

Target populations: Women, youth, rural populations

More about programs: Shanti Uganda provides a fully staffed birth house in Nsaasi Village, Uganda, where women receive antenatal, labor, and postnatal care, including HIV testing and counseling and other EMTCT services. Shanti Uganda also provides an education, prevention and empowerment program for teenage girls, and supports an income-generating group of 21 HIV-positive mothers and grandmothers with skills training and other services to help them succeed.

Stephen Lewis Foundation

Total FY2012: \$7,341,345

Geographic area reached: Projects located in 15 countries in sub-Saharan Africa: Botswana, Democratic Republic of the Congo, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The SLF also supports a select number of regional initiatives.

Categories: Prevention, EMTCT, treatment, social services, advocacy, orphans and vulnerable children, human resources, program management and administration, other: capacity building activities including peer to peer exchanges, thematic roundtables, mentorship, etc.

Target populations: Women, orphans and vulnerable children, health care workers

More about programs: The Stephen Lewis Foundation was created with the express purpose of putting money directly in the hands of community-based organizations working on the frontlines of the AIDS pandemic in Africa. Since 2003, over 700 initiatives have been funded, partnering with over 300 community-based organizations in the 15 countries that have been hardest hit by the AIDS pandemic in Africa, with programs including grandmother support and orphan care, home-based care, and nutrition support.

⁶⁹ Data sourced from web research

⁷⁰ Data sourced from web research

CHINA

Chi Heng Foundation⁷¹

Total FY2012: \$2,353,319

Geographic area reached: China

Categories: Prevention, social services, orphans and vulnerable children, program management and administration

Target populations: Youth, orphans and vulnerable children

More about programs: Chi Heng Foundation (CHF) was founded in 1998 to provide comprehensive care and support to children orphaned or affected by HIV/AIDS in China, with education being the main focus. CHF currently supports over 8,900 students with school fees and living expenses, also providing psychosocial support and encouragement. The children live with relatives in their native villages, attending school with children not affected by AIDS, to help give them a stronger sense of community and belonging.

Hong Kong AIDS Foundation

Total FY2012: \$273,344

Geographic area reached: Hong Kong & mainland China

Categories: Prevention, treatment, social services, advocacy, orphans and vulnerable children, human resources, program management and administration, other: capacity building and technical support

Target populations: Men who have sex with men, people living with HIV, youth, other: clients of female sex workers, general public

More about programs: Established in 1991 to raise public awareness and help stop the spread of HIV/AIDS in Hong Kong, the Foundation provides voluntary testing and counseling, prevention education programs, and support services for PLHIV including an AIDS helpline, referral assistance, peer volunteers and support groups, home visits, financial assistance, and empowerment leadership training. The Foundation also supports capacity building and technical assistance for people working in the AIDS field in mainland China.

COTE D'IVOIRE

Institute of Cultural Affairs-Côte d'Ivoire

Total 2012: \$56,249

Geographic area reached: Côte d'Ivoire

Categories: Prevention, treatment

Target populations: Women, youth, rural populations, migrants

More about programs: The Institute of Cultural Affairs is a global network of member organizations that raise their own funds for a variety of programs. ICA-Côte

d'Ivoire's HIV/AIDS programs include working with over 70 families to raise awareness about HIV/AIDS and teach prevention methods, offering voluntary testing and counseling, voluntary male circumcision, and assistance with medical treatment.

INDIA

Native Medicare Charitable Trust⁷²

Total FY2012: \$122,605

Geographic area reached: Mainly in two districts of Tamil Nadu, India.

Categories: EMTCT, treatment, social services, advocacy, orphans and vulnerable children, human resources, program management and administration

Target populations: Women, orphans and vulnerable children, migrants

More about programs: NMCT supports several HIV/AIDS-related programs including providing prevention, care and support for 750 families affected by HIV; offering an empowerment forum for children affected by HIV providing free notebooks, uniforms, bags and education fees, as well as life skills training, career counseling guidance, teaching the children to demand their own rights and needs and developing their leadership skills; and a program to prevent STIs and HIV/AIDS and improve service delivery and linkages among migrant industrial workers.

The Touch of Hope Foundation (THF)

Total FY2012: \$29,885

Geographic area reached: India: Manipur, New Delhi, Haryana

Categories: Prevention, treatment, advocacy, orphans and vulnerable children, human resources, other: stigma & discrimination

Target populations: Orphans and vulnerable children, rural populations, people who inject drugs

More about programs: THF aims to provide comprehensive healthcare and humanitarian support to those in dire need, particularly those affected by HIV/AIDS, currently serving over 1000 HIV patients and 3000 family members of PLHIV, and conducting an AIDS awareness campaign that has reached over 250,000 people. THF operates the Center of Hope Clinic for medical treatment, HIV testing, counseling, support groups, home-based care, harm reduction services, networking and linkages, HIV awareness training and public health education. THF also runs initiatives such as AIDS Care Physicians Alliances (ACPA), Consortium of HIV/AIDS Treatment Providers, AIDSRun4Hope, Zero HIV Stigma, Positive Link (linking HIV-positive people to support groups, referrals and hospitals) and Women Alive (a support group for women with HIV

⁷¹ This organization may receive some funding from other foundations tracked by FCAA that is re-granted to HIV/AIDS work and included in the total (information from the funder was not fully provided).

⁷² This organization may receive some funding from governments and other foundations tracked by FCAA that is re-granted to HIV/AIDS work and included in the total (information from the funder was not fully provided).

to address issues specific to women). In addition, THF through the TREAT program provides capacity and skill building trainings on HIV/AIDS, health systems and NGO management for local NGOs and CBOs, and through the EpiCORP program has conducted research on the hidden costs of ARV drugs in 10 Indian states. THF is also undertaking studies on drug adherence, vulnerability of women and children, sexual health and drug use among the most at-risk youth populations.

JAPAN

Japan Foundation for AIDS Prevention (JFAP)

Total FY2012: \$50,212

Geographic area reached: Japan

Categories: Prevention, treatment, research, human resources, program management and administration

Target populations: Youth, sex workers, men who have sex with men

More about programs: JFAP supports HIV/AIDS awareness and prevention programs, establishes and administers medical facilities that offer testing and treatment, provides counseling and assistance for HIV-positive people, and supports research initiatives.

KENYA

Development Innovations for Rural Communities (DEVIRUCO)

Total 2012: \$28,604

Geographic area reached: Kenya

Categories: Prevention, advocacy, orphans and vulnerable children, program management and administration

Target populations: Orphans and vulnerable children, rural populations, sex workers

More about programs: DEVIRUCO works with marginalized rural impoverished communities in western Kenya. Currently the organization is working with over 25 village-based groups with 20 members each, involving young single mothers, widows and youth. It has been performing voluntary medical male circumcision and HIV testing in collaboration with the World Bank, conducts community awareness programs on the effects of HIV/AIDS, and aims to mobilize villagers to participate in providing affected victims with home-based care and support, counseling, and mentoring of caregivers. The target community of Busia is near the border of Kenya and Uganda that truck drivers pass through, and young women and girls frequently fall into commercial sex work for survival, where they are at high risk of contracting HIV. DEVIRUCO aims to support these women with income-generating alternatives to sex work, such as beekeeping for honey production, in high demand in the region and country.

MEXICO

Consorcio de Investigación sobre VIH/SIDA/TB (CISIDAT)

Total 2012: \$3,900,000

Geographic area reached: Mostly Mexico and Latin America, but some projects conducted in other countries and regions

Categories: Prevention, EMTCT, research

Target populations: Migrants, health care workers, and men who have sex with men

More about programs: CISIDAT is a multidisciplinary and inter-agency initiative, formed by a group of experienced researchers and experts in clinical care and basic, social and behavioral sciences, with extensive experience in health research. CISIDAT activities are aimed at supporting research in the field of HIV/AIDS/TB and related issues. Current projects include studies on technical efficiency in prevention implementation, safety of ARV combinations, and the effectiveness of economic incentives for prevention among male sex workers.

Fundacion Unidos por un Mexico Vivo

Total 2012: \$500,000

Geographic area reached: Mexico

Categories: Prevention, EMTCT, treatment, research

Target populations: Women, youth, men who have sex with men

More about programs: The foundation aims to lessen the impact of HIV/AIDS and other STIs in Mexico by promoting prevention, early diagnosis, research, and care and support. It holds HIV awareness workshops in schools, conducts media campaigns about EMTCT and early diagnosis, provides counseling and other services for PLHIV, and supports work at the Mexican Center for Infectious Disease Research.

NEW ZEALAND

New Zealand Lottery Grants Board⁷³

Total FY2012: \$66,627

Geographic area reached: New Zealand

More about programs: In 2012, the New Zealand Lottery Grants Board supported a few small grants to the New Zealand AIDS Foundation, which mainly provides testing, counseling, and HIV prevention services; and to Positive Women, a support organization for women and families affected by HIV/AIDS in New Zealand.

⁷³ Data sourced from web research

SOUTH AFRICA

Ackerman Pick n Pay Foundation

Total 2012: \$12,008

Geographic area reached: South Africa

Categories: Orphans and vulnerable children

Target populations: Youth, orphans and vulnerable children, rural populations

More about programs: The South African supermarket Pick n Pay was one of the first companies in the country to make a strong commitment to corporate social responsibility. The main focus of the Pick n Pay Foundation is to assist community-based organizations with income-generating projects or activities. Two HIV/AIDS-related projects supported in 2012 addressed the nutrition needs of orphans and vulnerable children in South Africa, helping them to grow food gardens.

The Africaid Trust

Total FY2012: \$217,368

Geographic area reached: South Africa and Ghana

Categories: Prevention, EMTCT, treatment, social services, research, orphans and vulnerable children, human resources, program management and administration, other: family planning, mixed gender football events to overcome gender inequality

Target populations: Youth, orphans and vulnerable children, rural populations

More about programs: The Africaid Trust WhizzKids United program uses football/soccer as an educational medium to facilitate behavior change among youth in South Africa. The 'On the Ball' school-based life skills teaching program uses the power of football to educate youth about sexual reproductive health and prevention of STIs, with a key focus on HIV/AIDS. The WhizzKids United Health Academy is an adolescent-friendly clinic facility that provides HIV counseling and testing, psychosocial support services, ARV treatment, family planning services, and educational and recreational services to youth in a trusted, warm and confidential environment. The OVC support program provides daily nutrition and special support services for children.

African Rainbow Minerals Limited (ARM)⁷⁴

Total FY2012: \$110,881

Geographic area reached: South Africa

Categories: Prevention, treatment, social services, orphans and vulnerable children

More about programs: ARM's workplace program provides contractors with counseling and voluntary

testing at company facilities and referrals to community health clinics for treatment. Over 10,000 employees have been counseled through the VCT program, and over 400 people receive ART. In addition, ARM provides support for community outreach activities, including community home-based care; support for vulnerable children; school health services; and community HIV/TB campaigns.

HCI Foundation⁷⁵

Total FY2012: \$55,394

Geographic area reached: South Africa

Categories: Prevention, treatment, EMTCT, social services, orphans and vulnerable children

Target populations: Orphans and vulnerable children, youth, rural populations

More about programs: HCI Foundation aims to create change in underprivileged communities in South Africa. The health program supports HIV/AIDS awareness and prevention activities, youth empowerment and gender education workshops, creation of food gardens, outreach clinics in rural areas, and holistic support for orphans and vulnerable children.

Living Hope Community Centre^{76,77}

Total FY2012: \$1,134,927

Geographic area reached: South Africa

Categories: Prevention, treatment, social services, other: income-generating activities

More about programs: Living Hope provides healthcare including home-based care services, homelessness and addiction services, HIV/AIDS education and prevention, counseling, support groups, and life skills and economic empowerment programs.

National Lottery Distribution Trust Fund^{78,79}

Total FY2012: \$15,629,803

Geographic area reached: South Africa

Categories: Prevention, treatment, social services, orphans and vulnerable children, other: palliative care

Target populations: Orphans and vulnerable children, rural populations

More about programs: The South African NLDTF supports a wide range of activities, with those related to HIV/AIDS primarily being support for orphans and vulnerable children (of which there are estimated to be 3.8 million in South Africa), home-based care for people in need of medical services that cannot visit a hospital or counseling and assistance managing ARV treatment, hospice and palliative care, and community prevention programs.

⁷⁴ Data sourced from web research

⁷⁵ Data sourced from web research

⁷⁶ Data sourced from web research

⁷⁷ This organization may receive some funding from government grants that is re-granted to HIV/AIDS

work and included in the total (information from the funder was not fully provided to be able to remove it).

⁷⁸ Data sourced from web research

⁷⁹ Given that the NLDTF supports medical care services such as home-based care and palliative care that address other diseases and illnesses as

well as HIV/AIDS, a formula was used for both: three-quarters of the total to home-based care was counted (as a majority of home-based care services are likely to be HIV/AIDS-related), and half of the total to hospices (as other illnesses such as cancer or degenerative diseases are also treated at hospices) was counted.

THAILAND

ReCHEE: Research Centre for Health Economics and Evaluation, Faculty of Public Health, Mahidol University, Thailand

Total 2012: \$50,500

Geographic area reached: Thailand

Categories: Treatment, research, program management and administration, other: monitoring and evaluation

Target populations: Medical research, health care workers, men who have sex with men

More about programs: ReCHEE was founded in 2000 in Bangkok to explore the national response on HIV/AIDS and TB and related research, and to propose new protocols for conducting HIV/AIDS research in Thailand. ReCHEE, as part of Mahidol University, remains an autonomous unit conducting research, aiming to help shift the AIDS response from short-term crisis management into approaching a long-term sustainable response. Research projects conducted in 2012 included a study on ART and the health insurance system in Thailand, provision of community-led support to a study on risk of HIV infection among key affected populations in selected countries in the South East Asia region, researching how to strengthen HIV prevention among youth, and exploring the importance of socio-political science in the response to HIV.

ZAMBIA

Zambia Sugar Plc

Total FY2012: \$185,602

Geographic area reached: Zambia

Categories: Prevention, EMTCT, treatment, orphans and vulnerable children, human resources, program management and administration

Target populations: Women, youth, migrants

More about programs: Zambia Sugar Plc, a subsidiary of Illovo Sugar Ltd and the country's leading sugar producer, employs approximately 1,850 permanent employees and approximately 3,530 seasonal workers. The HIV program benefits workers and their families at the Nakambala factory, providing comprehensive HIV prevention and onsite and mobile counseling and testing, including medical male circumcision as well as wellness support.

Examples of Funder Support

STEPHEN LEWIS FOUNDATION (SLF): PEER-LEARNING THROUGH THE MENTORSHIP INITIATIVE

The SLF's Mentorship Initiative is a program designed to match two SLF-funded partners with each other for a year-long period of peer exchange and learning on specific, organizationally-identified capacity building priorities. To date, three cohorts with a total of 21 organizations from 10 different countries have participated in the Mentorship Initiative, pioneering inventive approaches to the AIDS crisis. The Foundation's capacity strengthening work is focused on harnessing this wealth of practical experience, nuanced understanding, and effective action into a sustainable capacity building methodology.



*Participants at the Stephen Lewis Foundation's Mentorship Roundtable.
Credit: Felicity Heyworth*

This grassroots-led program supports, nurtures, and promotes the leadership and action of African communities. It is also a living methodology that will continue to be refined and grow with each new cohort of participants, continually adapting and responding to the community's needs.

Grassroots organizations are at the forefront of the African response to AIDS. With too little government-led support, they are creating lifelines of hope for vulnerable communities across the continent, advocating for access to life-prolonging treatment, healthcare, education, material support, and the rights of all people to the best possible quality of life. SLF believes it is through strengthening these networks of African grassroots organizations to adapt, grow, scale up, and broaden their work that the tide of AIDS will be turned at the community level.

TOUCH OF HOPE FOUNDATION: HIV/AIDS AWARENESS THROUGH FOOTBALL4HOPE

THF Football4Hope was an event conducted in 2012 working in collaboration with the New Delhi United Football Club to increase HIV/AIDS awareness, promote HIV testing, and overcome stigma and discrimination. The three-day football (soccer) match was hosted at Thyagaraj Stadium in New Delhi, where 16 Embassies and High Commissions in India, located in New Delhi, participated. The THF team of HIV-positive people, 'The HOPE Team', was the highlight of the event, playing matches with the teams of the Embassies and High Commissions. Other government organizations and NGOs, including one of the major hospitals in New Delhi, partnered with THF for the event.

The event was unique and successful in garnering the active, enthusiastic support from the Embassies and High Commission of various countries, the Delhi State AIDS Society, and other NGOs. HIV/AIDS awareness and positive messages were shared, leaflets distributed, counseling sessions held, HIV tests conducted, and referrals made to ART centers. The issues of stigma and discrimination were also discussed in speeches

to the hundreds who participated both as players at the matches and the fans of the sport. The football games brought people together to make HIV/AIDS awareness fun.



Top: Captains of the various countries including the Hope Team proudly display their jerseys at the official launch of Football4Hope 'Hope Cup 2012.' Credit: Dr. C. Thangsing. Bottom: Players in action at 'Hope Cup 2012,' a football event to raise awareness about HIV/AIDS. Credit: Dr. C. Thangsing

Examples of Funder Support

REACH OUT TO HUMANITY: HIV/AIDS OUTREACH TO ELDERS

Reach out to Humanity (ROTH) implemented an HIV/AIDS prevention project targeting the elderly in the community of Piave, Kenya. The elderly are key opinion givers and caregivers, and are honored by the youth, but many are ill informed about the HIV/AIDS pandemic. Due to their demographic, they are often left out of HIV prevention programs, yet they are often the most capable of reaching the wider population.

Twenty-seven recognized leaders in the Piave area were trained as Peer Educators in an HIV & AIDS curriculum designed by the Piave Health Centre (built by ROTH in 2007) and the Kenyan Ministry of Health and Sanitation. Armed with accurate and up-to-date information about HIV/AIDS and related health issues, the Peer Educators learned to counsel others in the community through one-on-one discussion, focused group approaches, and door-to-door activities. In each counseling session, residents were taught different aspects of the curriculum

based on their particular needs, and encouraged to counsel their children and grandchildren to enable a collective spread of information. In the first ten days of community counseling, over one thousand individuals were directly reached, and nearly one hundred came for testing at the Health Centre.



Top: The Piave Elderly HIV/AIDS Awareness Group (PEHAG) following one of their monthly meetings. The 27 members of PEHAG meet monthly to discuss the progress and challenges of the ongoing community counseling. Bottom: The Piave Elderly HIV/AIDS Awareness Group (PEHAG) during their initial week of training.

THE OLIVE BRANCH FOR CHILDREN: CAPACITY BUILDING THROUGH HOME-BASED CARE

The Olive Branch for Children supports a home-based care (HBC) program for people living with HIV where local villagers nominated by their communities are trained in HBC. The program is unique in its commitment to continual support, education and evaluation. The local HBC providers receive monthly health education seminars and have access to a health

resource library to continuously engage in expansion of their health knowledge. They are evaluated monthly through health knowledge tests, and every quarter their clients are tested on their health knowledge to assess how well HBC providers are passing on their new health knowledge. Managers within the program have been trained to engage

in data collection and analysis for monitoring and evaluation of the program including quality improvement and goal-setting, health knowledge of clients, and demographic data.

The microfinance project run under the HBC program has been very successful. Registered female clients within the HBC program form groups and apply for loans to develop small businesses. The groups are managed by the HBC providers themselves who have been trained in financial management and small business. The women receive individual loans, but are collectively responsible as a group to make loan repayments every two weeks. The repayment amounts include a savings component that is returned to the women at the end of the loan repayment period (20 weeks) and a service charge paid to the managing HBC provider. Once a group has successfully repaid their loan, they are allowed to apply to the program for a larger loan per woman. The loans are accompanied at every level by additional training and support. These loans allow the women to cover daily costs for them and their families and wait until market prices are high to sell their agricultural outputs.



Top: A home-based care client and her healthy baby. Credit: Putiyei Kimala Nangereke. Bottom: Zonal Manager, Home Based Care Provider and Head Office Rep visiting a client's home in the village of Mswiswi, Tanzania. Credit: Svenja Treu

FOUNDATIONS & CORPORATE CHARITIES

The following list of approximately 165 organizations have been identified by FCAA as those with largely private income that are known to, or are likely to, fund HIV/AIDS programs, but are not included in the resource tracking project.

ARGENTINA

Fundacion Argentina Pro-Ayuda
al Niño con SIDA

AUSTRIA

Dreikönigsaktion (DKA)
Life Gala

AUSTRALIA

African AIDS Foundation
AIDS Trust of Australia

BRAZIL

Brazil Foundation
ELAS – Fundo de Investimento Social
KOINONIA
Odebrecht

CANADA

Africa's Children-Africa's Future
Banro Corporation
Beth Potter's Home
The Caia Connection
Canadian Jesuits International
Canadian Support of Rural African
Initiatives
Future Vision Ministries
glasswaters foundation
Hope for the Future Ministries
(Canada and Tanzania)
Into All the World Ministries
K2 Foundation
The Keiskamma Canada Foundation
K.M. Hunter Charitable Foundation
Link International Ministries
Nova Scotia-Gambia Association
Nuu Rain Inc.
Our Kenyan Kids
Precious Jewels Ministry
Shooting Stars Foundation
SIM (Serving in Mission) Canada
The Snowy Owl Foundation
Step By Step Africa
Visionledd Canada
Yubu Development Agency

CAMEROON

Synergies Africaines Contre le Sida
et les Souffrances

COSTA RICA

Humanitas Costa Rica

ECUADOR

Corporacion Kimirina
Fundación VIHDA

FRANCE

Fondation Air France
Fondation Areva
Fondation Le Mascaret
Solidarité Sida

GERMANY

Bayer AG
Kindermissionswerk "Die Sternsinger"
Kindernothilfe e.V.
Misereor

GHANA

African Women's Development Fund

INDIA

The Naz Foundation (India) Trust
The Overseas Women's Club of Bangalore

ITALY

Eni Foundation

KENYA

African Jesuit AIDS Network
Bidco Oil Refineries Ltd.
Kenya Community Development
Foundation
Paul Tergat Foundation
Roho Kwa Roho Foundation
The Safaricom Foundation
Uzima Foundation

MEXICO

Fundación Mexicana Para la Lucha
Contra el Sida, A.C.

MOZAMBIQUE

FDC – Fundação para o Desenvolvimento
da Comunidade

NAMIBIA

Catholic AIDS Action

NETHERLANDS

The R.C. Maagdenhuis Foundation
Stichting Kinderpostzegels Nederland
Wings of Support

NIGERIA

The Mike Adenuga Foundation
TY Danjuma Foundation

PORTUGAL

Fundação Portugal-África

RWANDA

REACH Rwanda

SOUTH AFRICA

1000 Hills Community Helpers
African Solutions to African Problems
Al Noor Orphanage Centre
AngloGold Ashanti
ApexHi Charitable Trust
The Desmond Tutu HIV Foundation
(DTHF)
Equal Opportunity Foundation
South Africa
First Rand Foundation
IQRAA Trust
Litshani Vhana-Vha-De Foundation
The Motsepe Foundation
MTN SA Foundation
Nedbank Group Limited
Nelson Mandela Children's Fund
Sekunjalo
Social Change Assistance Trust
Uthando South Africa
Uthungulu Community Foundation
WHEAT Trust
Wola Nani

SPAIN

AXA de Todo Corazón
Federación Española de Hemofilia

SWEDEN

Swedish Postcode Foundation

TANZANIA

The Foundation for Civil Society
 MeTL Foundation
 Wanawake Na Maendeleo (WAMA)
 Foundation
 Women Fund Tanzania

UGANDA

Kabaka Foundation

UKRAINE

Elena Pinchuk ANTIAIDS Foundation

UNITED ARAB EMIRATES

Children's Hope Foundation (Dubai)

UNITED KINGDOM

AIDS Orphan
 Anglo American PLC
 Barclays PLC
 BBC Children in Need
 British American Tobacco
 Children With AIDS Charity
 Christian Aid
 The Derek Butler Trust
 Friends of the Treatment Action
 Campaign (FoTAC)
 HIV Research Trust
 Kanyawegi UK
 KOP (Kenya Orphan Project)
 The Make A Difference Trust
 Mercury Phoenix Trust
 Old Mutual
 The Philip Henman Trust
 SABMiller
 Save a Million Lives
 Sentebale
 Standard Chartered Bank
 Stepping Stones for Africa
 Tumaini Fund
 Zambia Orphans of AIDS

UNITED STATES

Acres of Love
 African Enterprise
 Alan Morrow Foundation
 Artists for a New South Africa
 Batonga Foundation
 The Better World Trust
 Blachford-Cooper Foundation
 Brother Help Thyself
 B.W. Bastian Foundation
 The Calamus Foundation
 California Community Foundation
 Capital Group Companies Charitable
 Foundation
 CAMAC Energy/CAMAC Foundation
 Carl Jacobs Foundation
 Center for Lesbian and Gay Studies
 Charlize Theron Africa Outreach Project
 Chevron Corporation
 Community Foundation of Santa Cruz
 County
 Community Foundation of Southeastern
 Michigan
 Community Foundation Serving Boulder
 County
 Cream City Foundation
 Crossroads International
 David Bohnett Foundation
 Delta Airlines
 Dikembe Mutombo Foundation
 The Duane Reade Charitable Foundation
 ELMA Foundation
 Equity Foundation
 Fund for Global Human Rights
 Gamma Mu Foundation
 The Gesso Foundation
 Greater Milwaukee Foundation
 Hands at Work Africa
 Hearthstone Foundation
 Heartland Alliance for Human
 Needs & Human Rights
 Hyams Foundation
 Jewish Communal Fund
 Joseph F. McCrindle Foundation
 Keith Haring Foundation
 Liberty Global
 Liberty Hill Foundation
 Load Zero Foundation
 Lundy Foundation
 Maine Community Foundation
 Milagro Foundation
 Morgan Stanley
 New York Life
 North Star Fund
 Our Fund
 Prudential Foundation
 Ravenswood Health Care Foundation
 Red Hot Organization
 Red Ribbon Foundation
 Rhode Island Foundation
 RZIM – Wellspring International
 Save a Million Lives
 Schwab Charitable Fund
 Soros Fund Charitable Foundation
 South Coast Foundation
 Stepping Stones for Africa Foundation
 Stonewall Community Foundation
 Ted Snowdon Foundation
 TransCAP (Transition Center for AIDS
 Prevention) Foundation
 Tumaini Fund USA
 Verizon Foundation
 Walmart Foundation
 Zambia Orphans of AIDS

VENEZUELA

Fundación Empresas Polar

ZIMBABWE

Evangelical Fellowship Zimbabwe
 Higher Life Foundation

NGO CHARITIES

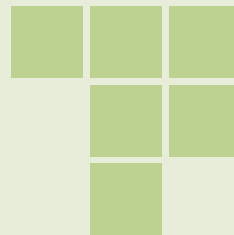
The following 16 non-governmental organizations likely provide valuable support to HIV/AIDS programs, but cannot be included in resource tracking as often the sources of income include funding from government and other foundations, and the organizations provide direct services that are not necessarily as financially quantifiable as grants.

ActionAid	International Planned Parenthood Federation
AMREF (African Medical and Research Foundation)	Médecins Sans Frontières (MSF)
CARE International	Oxfam
Cordaid	Salvation Army
Dignitas International	Save the Children
Family Health International	The Bill, Hillary & Chelsea Clinton Foundation
Interact Worldwide	United Way International
International Federation of Red Cross and Red Crescent Societies	World Vision

FAITH-BASED ORGANIZATIONS

The following seven faith-based organizations also likely provide valuable support to HIV/AIDS programs, but cannot be counted in resource tracking as often the sources of income include funding from government and other foundations, and the organizations provide direct services that are not necessarily as financially quantifiable as grants.

Africa Inland Mission	Norwegian Church Aid
Catholic Medical Mission Board	SIM (Serving in Mission) USA
Catholic Relief Services	Trócaire
Evangelical Lutheran Church in America	



FCAA welcomes any feedback related to this report. Comments or suggestions about how to improve global resource tracking in the future should be sent to Sarah Hamilton at sarah@fcaaid.org.

\$636 MILLION
private
philanthropy

HIV/AIDS
philanthropic
FUNDERS



A NEW
GLOBAL
community